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DLN: 93493313015111

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

	Revenue	Service	► The organization may have	ve to use a copy of this return to satisfy	state rep	orting red	quirements	Inspection				
A Fo	rthe 2		endar year, or tax year begin	nning 01-01-2010 and ending 12-31-20	10							
		pplicable	C Name of organization MINNESOTA STATE FIRE CHIEFS	ASSN INC			D Employer	identification number				
	dress ch	_	Doing Business As				41-1247	114				
_	me char	_					E Telephone number					
Init	ıal retur	rn -		if mail is not delivered to street address)	Room/	'suite	(651)60	3-8827				
Ter	mınated	1	1433 IDAHO AVENUE WEST			⊢	• • • • • • • • • • • • • • • • • • • •	+ F24 FF0				
M Am	ended r	return	City or town, state or country, ar ST PAUL, MN 55108	nd ZIP + 4	•		G Gross receip	ots \$ 534,550				
M App	olication	pending	5. 7. 10 LJ 1. 11 1 0 0 1 0 0									
		Γ	F Name and address of p	orincipal officer	H(a)	Is this a gro	up return for affil	lates? Yes No				
			THOMAS BRACE 1433 IDAHO AVENUE W	/EST	Ш	Are all affi	liata a un alcid a d	?				
			ST PAUL, MN 55108		"(")		liates included attach a lis	t (see instructions)				
	v ovom	pt status	W 501/-3/23	◀ (insert no)	H(c)		xemption n					
		<u>'</u>		(Insert no) 4947(a)(1) or 527	4							
J W	ebsit e	:: - - WW\	W MSFCA ORG		<u> </u>							
K Forr	n of org	janization	Corporation Trust Associa	ation Other ►	L Ye	ar of forma		M State of legal domicile MN				
Pa	rt I	Sumi	marv					PIN				
			-	sion or most significant activities								
Activities & Governance	T A	NEWS AN FO FIRE ALL OTH	ID THE LATEST TECHNOLO SAFETY AND PROTECTION	LSO PUBLISHES A BI-MONTHLY MAC OGY, AS WELL AS INFORMATION ON A N THE ASSOCIATION ALSO SEEKS E ICE ORGANIZATIONS IN ORDER TO	ANY CUR VERY OP	RENT OF PORTUN	R PAST LEC	GISLATION RELATING AY IN TOUCH WITH				
y O.	-											
×ŏ												
<u>8</u>		Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)										
Ĭ					3 4	28						
Ą			· -	rs of the governing body (Part VI, line 1 in calendar year 2010 (Part V, line 2a)	-		5	1				
			nber of volunteers (estimate			•	6	250				
			`	Part VIII, column (C), line 12			7a	152,039				
	ьΝ	Net unrel	ated business taxable incom	e from Form 990-T, line 34			7b	0				
						Prior Y	ear	Current Year				
а.	8	Contrib	utions and grants (Part VIII	, line 1 h)			296,066	198,442				
Ě	9	_		, line 2g)			256,837	333,657				
Revenue	10			mn (A), lines 3, 4, and 7d)	•		1,444	1,619				
_	11 12		, , ,	A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), li	ne l		-278	-4,459				
	12		· · · · · · · · · · · ·		554,069	529,259						
	13	Grants	and similar amounts paid (Pa	art IX, column (A), lines 1-3)			9,500	5,177				
	14			t IX, column (A), line 4)			0	0				
88	15	Salarıe 10)	s, other compensation, emplo	oyee benefits (Part IX, column (A), lines	5 –		113,152	115,637				
	16a	•	sional fundraising fees (Part I	X, column (A), line 11e)			0	0				
Expenses	ь		draising expenses (Part IX, column									
ш	17), lines 11a-11d, 11f-24f)			455,077	382,103				
	18	Total e	xpenses Add lines 13-17 (r	nust equal Part IX, column (A), line 25)			577,729	502,917				
	19	Revenu	e less expenses Subtract lir	ne 18 from line 12			-23,660	26,342				
Not Assets or Fund Balances					Beg	ginning of Year	I .	End of Year				
Set Sea	20	Totala	ssets (Part X line 16)			Teal	231,388	264,227				
A AS	21	·					23,951	26,490				
ž	22		sets or fund balances Subtra		207,437	237,737						
Pai	rt II	Signa	ature Block		<u> </u>							
know			it is true, correct, and comple	nined this return, including accompanying te. Declaration of preparer (other than offic			nformation					
Sign		Signat	rure of officer	Date								
Here			AS BRACE EXECUTIVE DIRECTOR									
	1	<u> F </u>	or print name and title			1		1				
		Print/Type preparer's	name BONNIE R RUSS		Date 2011-11-07		eck if self- ployed 🕨 🦳	PTIN				

Firm's address 30 EAST PLATO BOULEVARD

Firm's name MAHONEYULBRICHCHRISTIANSEN & RUSS PA

SAINT PAUL, MN 551071809

May the IRS discuss this return with the preparer shown above? (see instructions)

Paid

Preparer

Use Only

Date 2011-11-07

6695

Firm's EIN

Phone no 🕨 (651) 227-

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	204		110
_	complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 11			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
1	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
l	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N (
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		- '
	The storme sators by the organization me Form 8880-17	5с		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
h	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		N (
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		N
y	required?	7g	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h	V 0.0	
	Form 1098-C?	/n	Yes	
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ט	against amounts due or received from them)			
'a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
}	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	·			
ь	Enter the amount of reserves the organization is required to maintain by the states			
-	In which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1/lb		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_Se	ction A. Governing Body and Management					
			Yes	No		
4-						
1a	Enter the number of voting members of the governing body at the end of the tax year					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was	_		NO		
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No		
6	Does the organization have members or stockholders?	6		No.		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the					
<i>,</i> a	governing body?	7a		Νο		
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)					
	venue code.)		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		No		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		-110		
	affiliates, and branches to ensure their operations are consistent with those of the organization?					
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		Νο		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
э	The organization's CEO, Executive Director, or top management official	15a	Yes			
	Other officers or key employees of the organization	15b	100	N o		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130				
	Trives to line 13a or 13b, describe the process in Schedule o (See instructions)					
16a	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
Se	ction C. Disclosure	· I				
17	List the States with which a copy of this Form 990 is required to be filed▶MN					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)					

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of Own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > THOMAS BRACE

1433 IDAHO AVE W ST PAUL, MN 55108 (651) 603-8827

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
See Additional Data Table										
-										
			<u> </u>							

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	1	tion that a			ill		(D) Reportable compensation	eportable Reportable			
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from torganizati relat organiza	the on and ed
ee A	dditional Data Table												
_													
								L					
b	Sub-Total							_			_		
c d	Total from continuation sheet Total (add lines 1b and 1c) .						<u> </u>	 	102,190		0		8,550
!	Total number of individuals (ind \$100,000 in reportable compe	cluding but not lin	nıted to	thos	e lıs) who	received more tha	n	I		
												Yes	No
	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					eye •	mploy •	ee, o	r highest compens	ated employee	3		Νο
•	For any individual listed on line organization and related organi												- 110
;	Individual	a receive or accri	e comi	• nensa	• etion	fror	n anv	• unrel		or individual for	4		Νο
	services rendered to the organ									•	5		Νo
Se	ection B. Independent Co	ntractors											
•	Complete this table for your fiv \$100,000 of compensation fro			ndep	ende	ent o	ontra	tors	that received more	e than			
		(A) ame and business ad							Descr	(B) uption of services		(C Comper	
_											\exists		
_									d above) who receiv				

Form 9							P	age 9
Part \	<u>V111</u>	Statement of Reven	ue		(A)	(B)	(C)	(D)
					Total revenue	Related	Unrelated	
						or exempt	business revenue	excluded
						function		from
						revenue		tax under
						revenue		sections
								512,
								513, or
46	4-	F. d	4-					514
탩뙗		Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b	75,583				
£,	С	Fundraising events	1c					
<u> </u>	d	Related organizations	. 1d					
ž, E	e	Government grants (contributions)	1e					
tio er s		All other contributions, gifts, grants	s, and 1f	122,859			[[
ĕξ	ļ -	similar amounts not included above	e					
₽ĕ	g	Noncash contributions included in li	ines 1a-1f \$					
ပြွန်	h	Total. Add lines 1a-1f			198,442			
<u></u>				Business Code				
Program Serwce Revenue	2a	CONFERENCE INCOME		900099	171,492	171,492		
æ	ь	ADVERTISING		511120	152,039		152,039	
93	С			900099	5,305	5,305		
er v	d	TRAINING/PUBLIC EDUC		611430	4,821	4,821		
3 5	е							
<u> </u>	f	All other program service re	venue					
Š	g	Total. Add lines 2a-2f			333,657			
	_	Investment income (includir			,			
		and other similar amounts)			1,619			1,619
	4	Income from investment of tax-ex						
	5	Royalties						
		·	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income						
		or (loss) Net rental income or (loss)	<u> </u>					
		Net rental income of (1035)	(ı) Securities	(II) O ther				
	7a	Gross amount	(i) Securities	(II) O tilel				
	-	from sales of assets other						
		than inventory						
	Ь	Less cost or other basis and						
	_	sales expenses Gain or (loss)		+				
		Net gain or (loss)						
άs		Gross income from fundraisi						
Ž	- Cu	(not including	ng events					
>.		\$						
ď		of contributions reported on See Part IV, line 18						
<u>a</u>			a					
Other Revenue	ь	Less direct expenses .	ь					
_		Net income or (loss) from fu						
	9a	Gross income from gaming a	activities See Part IV, line 19 . a					
	ь	Less direct expenses .		,				
	С	Net income or (loss) from ga	iming activities					
	10 a	Gross sales of inventory, les						
		returns and allowances .	а					
	h	loss cost of seeds!-	_	832				
		Less cost of goods sold . Net income or (loss) from sa		5,291	-4,459	-4,459		
		Miscellaneous Revenue	nes of inventory	Business Code	.,.55	., 155		
	11a			Dusiness code				
	ь							
	C							
		All other revenue	•					
	e	• Total. Add lines 11a-11d						
	12	Total revenue. See Instructi	ons 🕨					
	1	.ora: icacinac: See Tustincti	0113 I I I		F20.2F0	177 150	152.020	1 1 616

Do no	Section 501(c)(3) and 501(c)(4) organizations mus	t complete all o	olumns		
Do no		t complete an c			
Do no	l other organizations must complete column (A) but are not required to co	-		(D).	
/D, 8D	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,177	5,177		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	110,740	86,069	22,494	2,177
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,897	3,232	1,518	147
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	4,000		4,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	86,765	82,865	3,900	
12	Advertising and promotion				
13	Office expenses	15,674	11,356	4,318	
14	Information technology	4,244	3,183	1,061	
15	Royalties				
16	Occupancy				
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,198	20,435	13,763	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,284	1,642	1,642	
23	Insurance	3,450	3,075	375	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
	ANNUAL CONFERENCE EXP	91,633	91,633		
ь	PUBLIC SAFETY CAMPAIGN	58,809	58,809		
c	MAGAZINE PRINTING/PUBLI	50,931	50,931		
d	PUBLIC SAFETY EDUCATION	22,918	22,918		
e	MISCELLANEOUS	4,469	641	3,828	
f	All other expenses	1,728	1,728		
25	Total functional expenses. Add lines 1 through 24f	502,917	443,694	56,899	2,324
26	Joint costs. Check here ► ☐ If following		,	·	· · ·
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 7.829 1 Cash—non-interest-bearing 12,584 163,622 177.953 2 Savings and temporary cash investments 2 5,307 3 3 8,148 4 19,051 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 4.634 8 Inventories for sale or use 4.068 8 Prepaid expenses and deferred charges 9.274 9 18,750 10a Land, buildings, and equipment cost or other basis Complete Part 25,386 10a VI of Schedule D 10b 16.958 ь Less accumulated depreciation 10.313 10c 8,428 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 22,827 22,827 15 15 16 231,388 16 264,227 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2,596 17 2,980 17 Accounts payable and accrued expenses . 18 18 21,355 19 19 23.510 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 23.951 26,490 26 **Total liabilities.** Add lines 17 through 25 . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 207,437 27 212,737 Temporarily restricted net assets 25,000 28 28 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 207,437 33 237,737 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 231,388 264,227 34

Pal	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	529,25
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3			26,34
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	207,43
5	Other changes in net assets or fund balances (explain in Schedule O)	5			3,95
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	237,7		
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		

DLN: 93493313015111

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

SOTA STATE FIRE CHIEFS ASSN INC	
	41-1247114
Reason for Public Charity Status (All organizations must complete this pair	t.) See instructions
rganization is not a private foundation because it is (For lines 1 through 11, check only one box)

	5	======================================												
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state												
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II)	describe	d ın										
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)												
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)												
9	▽	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross												
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than	1 3 3 1/3%	of										
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10	Г	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).												
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Chec									
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disorber than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	•											
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	porting o	rganız	ation, [
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	,											
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No									
		and (III) below, the governing body of the the supported organization?	11g(i)											
		(ii) a famıly member of a person descrıbed ın (ı) above?	11g(ii)		l									

(i) Name of supported organization	(ii) EIN		(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support	
			Yes	No	Yes	No	Yes	No		
Total										

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(iii)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.				
S	ection A. Public Support		_								
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not										
	ınclude any "unusual										
	grants ")										
2	Tax revenues levied for the										
	organization's benefit and either										
	paid to or expended on its										
_	behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
	Total. Add lines 1 through 3										
5	The portion of total contributions by										
	each person (other than a										
	governmental unit or publicly										
	supported organization) included on line 1 that exceeds 2% of the										
	amount shown on line 11, column										
	(f)										
6	Public Support. Subtract line 5 from										
Ü	line 4										
S	ection B. Total Support	1				I					
	endar year (or fiscal year beginning										
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
7	A mounts from line 4										
8	Gross income from interest,										
0	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar										
	sources										
9	Net income from unrelated										
-	business activities, whether or										
	not the business is regularly										
	carried on										
10	Other income Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV)										
11	Total support (Add lines 7										
	through 10)										
12	Gross receipts from related activities	es, etc (See inst	ructions)			12					
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,				
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔				
S	ection C. Computation of Pub	lic Support P	ercentage								
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14					
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15					
							 				
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec					
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -				
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶				
r/a	a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b and line 14										
	is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported										
	_	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F				
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1				
ט	15 is 10% or more, and if the organ										
	Explain in Part IV how the organizat			•		<u>-</u>	clv				
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶				
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1				
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □				

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

56	ection A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	88,975	217,789	195,302	296,066	198,442	996,57
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	327,743	396,673	330,651	256,559	329,198	1,640,82
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513						
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities						
_	furnished by a governmental unit to						
_	the organization without charge	416,718	614,462	525,953	552,625	527,640	2,637,39
6 7a	Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified	110,710	011,102	323,333	332,023	327,010	2,037,330
b	persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		93,820	60,708	144,474	64,414	363,41
	amount on line 13 for the year		93,820	60,708	144 474	C4 414	363,41
8 8	Add lines 7a and 7b Public Support (Subtract line 7c from line 6)		93,820	60,708	144,474	64,414	2,273,98
Se	ection B. Total Support		I				
Cale	ndar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	ın) A mounts from line 6	416,718	614,462	525,953	552,625	527,640	2,637,39
LOa	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1,870	3,587	3,276	1,444	1,619	11,79
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					1,757	1,75
c	Add lines 10a and 10b	1,870	3,587	3,276	1,444	3,376	13,55
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	418,588	618,049	529,229	554,069	531,016	2,650,95
14	First Five Years If the Form 990 is f check this box and stop here	or the organization	n's first, second,	third, fourth, or f	fth tax year as a	section501(c)(3) organization, ▶┌
Se	ection C. Computation of Publ	ic Support Pe	rcentage				
S€ 15	ection C. Computation of Publ Public Support Percentage for 2010			.3 column (f))		15	85 780 %
		(line 8 column (f)) divided by line 1	.3 column (f))		15 16	85 780 % 86 950 %
15 16	Public Support Percentage for 2010	(line 8 column (f) 9 Schedule A, Pa) divided by line 1 rt III, line 15				
15 16	Public Support Percentage for 2010 Public support percentage from 200	(line 8 column (f) 9 Schedule A, Pa estment Incor	odivided by line 1 rt III, line 15 ne Percentag	e	(f))		
15 16 Se 17 18	Public Support Percentage for 2010 Public support percentage from 200 ection D. Computation of Inve	(line 8 column (f) 9 Schedule A, Pa estment Incon 2010 (line 10c column 2009 Schedule A	odivided by line 1 rt III, line 15 ne Percentag umn (f) divided by , Part III, line 17	e y line 13 column		16 17 18	0 510 % 0 490 %

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 41-1247114

Name: MINNESOTA STATE FIRE CHIEFS ASSN INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(B) A verage hours		(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation	
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
1 00	Х		х				0	0	0	
1 00	×		х				0	0	0	
1 00	х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	х						0	0	0	
40 00	Х						37,867	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	х						0	0	0	
1 00	х						0	0	0	
1 00	Х						0	0	0	
1 00	х						0	0	0	
1 00	х						0	0	0	
1 00	Х						0	0	0	
	(B) Average hours per week 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1	(B) Average hours per week Postor 1 00 X 1 00 X <td< td=""><td>(B) A verage hours per week 1 00</td><td> CB</td><td> C</td><td> C</td><td> C</td><td> CD</td><td> C</td></td<>	(B) A verage hours per week 1 00	CB	C	C	C	CD	C	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	Posi t	(C) Position (check all that apply) Individual Control (C) Position (check all the position (check al			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related		
		Individual trustee or director	Institutional Trustee	Officei	employee	Highest compensated employee	Former		,	organizations
GARY CONRATH DIRECTOR	1 00	Х						0	0	0
DAN NATH DIRECTOR	1 00	Х						0	0	0
TIM POHLMAN DIRECTOR	1 00	Х						0	0	0
MIKE JOHNSON DIRECTOR	1 00	Х						0	0	0
JEFF SWANSON PAST PRESIDENT	1 00	Х						0	0	0
BOB BROWN PAST PRESIDENT	1 00	Х						0	0	0
JEFF JUNTUNEN PAST PRESIDENT/AD SALES	4 00	Х						310	0	0
THOMAS BRACE EXECUTIVE DIRECTOR	40 00			х				64,013	0	8,550

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DLN: 93493313015111

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

Inspection	ш
If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities)	,
then	
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C	
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B	
◆ Section 527 organizations Complete Part I-A only	
If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then	
◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B	
◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A	

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MINNESOTA STATE FIRE CHIEFS ASSN INC	:		Employer ide	entification number
			41-124711	
art I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section 52	7 organization.
Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign act	tivities in Part IV	
Political expenditures			▶	\$
Volunteer hours				
art I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).	
	e tax incurred by the organization			\$
Enter the amount of any excis-	e tax incurred by organization mar	agers under sectio	n 4955 ►	\$
If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No
a Was a correction made?				┌ Yes ┌ No
b If "Yes," describe in Part IV				
art I-C Complete if the or	ganization is exempt unde	er section 501(c) except section 50	01(c)(3).
Enter the amount directly expe	ended by the filing organization for	section 527 exemp	pt function activities 🕨	\$
	organization's funds contributed to	other organizations	s for section 527	
exempt funtion activities			•	\$
Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b	\$
Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
separate segregated fund or a	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received
or Paperwork Reduction Act Notice, s	ee the Instructions for Form 990 or 9	990-EZ.	Cat No 500845 Schedule C	(Form 990 or 990-EZ) 2010

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o						
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns						
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	,000 plus 15% of the	excess over \$500,00	0			
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total					
2a	Lobbying non-taxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
С	Total lobbying expenditures										
d	Grassroots non-taxable amount										
e	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		39,240	
j	Total lines 1c through 1i			39,240	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), o	r section	

501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". Dues, assessments and similar amounts from members

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES		THE ASSOCIATION MONITORS ALL PAST AND CURRENT LEGISLATION AFFECTING THE FIRE FIGHTING PROFESSION AS WELL AS ANY LEGISLATION RELATING TO THE EXEMPT PURPOSE OF FIRE PROTECTION AND SAFETY THE ASSOCIATION PAYS AN INDEPENDENT FIRM TO GATHER AND SUMMARIZE ALL PERTINENT LEGISLATIVE ISSUES THE ASSOCIATION THEN DISCUSSES THE ISSUES AS A COMMITTEE TO DECIDE IF MEMBERS NEED TO BE MADE AWARE OF THESE ISSUES THROUGH THE USE OF MINNESOTA FIRE CHIEF MAGAZINE

1

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DLN: 93493313015111

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Interna	I Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspection			
	me of the organ	nization RE CHIEFS ASSN INC		Employer identifi	cation number			
				41-1247114				
Pa		nizations Maintaining Donor Ac zation answered "Yes" to Form 99	Ivised Funds or Other Similar F	unds or Accoun	ts. Complete if the			
	organi	Zation answered fes to Form 99	(a) Donor advised funds	(b) Funds and	d other accounts			
1	Total number a	at end of year	(4, 5 0	(2) and and				
2		itributions to (during year)						
3	Aggregate gra	nts from (durıng year)						
4	Aggregate value at end of year							
5	_	zation inform all donors and donor advisor organization's property, subject to the o	sors in writing that the assets held in dor organization's exclusive legal control?	nor advised	┌ Yes			
6	used only for o	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	•	┌ Yes ┌ No			
Pa	rt III Conse	ervation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part	IV, line 7.			
2	Protection Preservat Complete line	tion of land for public use (e g , recreation of natural habitat tion of open space s 2a–2d if the organization held a quali the last day of the tax year			ucture			
_	Total number	of conservation easements			he End of the Year			
a b		restricted by conservation easements		2a 2b				
C	-	nservation easements on a certified his	toric structure included in (a)	2b 2c				
d		nservation easements included in (c) ac	• •	2d				
3	the taxable ye	ear 🏲	rred, released, extinguished, or terminate		n during			
4 5	Does the orga		ition easement is located -		nd Yes No			
6	Staff and volu	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents during the yea	r ►			
7	A mount of exp	penses incurred in monitoring, inspectir	ng, and enforcing conservation easement	s during the year ► 🤉	\$			
8		nservation easement reported on line 2 ı) and 170(h)(4)(B)(ıı)?	(d) above satisfy the requirements of sec	ction	┌ Yes ┌ No			
9	balance sheet		onservation easements in its revenue and he footnote to the organization's financia nents					
Par		nizations Maintaining Collectio lete if the organization answered "	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Other Simila	r Assets.			
1a	art, historical	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these i	ch in furtherance of				
b	historical trea	· ·	116, to report in its revenue statement a public exhibition, education, or research i		-			
	(i) Revenues	included in Form 990, Part VIII, line 1		► \$				
	(ii) Assets inc	cluded in Form 990, Part X		► \$				
2	_	ation received or held works of art, histo unts required to be reported under SFAS	orical treasures, or other similar assets fo S 116 relating to these items	or financial gain, pro	vide the			
а	Revenues incl	uded in Form 990, Part VIII, line 1		► \$				

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasur	es, or O	<u>ther</u>	· Similar	<u>Asse</u>	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	lowing	that are	a sıgnıfıca	nt us	e of its col	lection		
а	Public exhibition		d	Γ	Loan	or excha	inge progr	ams				
b	Scholarly research		e	Γ	Other	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the or	ganızatıon	's exe	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Г	es (Г No
Par	Part IV, line 9, or reported an an						answered	J "Y€	es" to Fori	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribu	itions or	other ass	ets n	ot	┌ \	es (┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г			A moui	nt	
c	Beginning balance							1c				
d	Additions during the year						<u> </u>	1d				
e	Distributions during the year						—	1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L				es.	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
Par			n ans	were	ed "Ye	s" to Fo	orm 990.	Part	TV. line 1	0.		
		(a)Current Year		Prior `			Years Back		hree Years Ba		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and ad	mınıstered	l for t	he	_		
	organization by								_		Yes	No
	(i) unrelated organizations			•				•	-	3a(i)		
	(ii) related organizations									3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•						•		3b		<u> </u>
	t VI Investments—Land, Buildings					QN Dar	t V line	1 ()				
raı	investments—Land, buildings	s, and Equipme			a) Cost		(b)Cost or		(c) Accumi	ulated		
	Description of investment					estment)	basis (oth		deprecia		(d) B	ook value
	_and										l	
1a l												
	Buildings		•									
b E	Buildings		•									
b E	, and the second		· ·				2!	5,386		16,958		8,428
b E c l d E e (_easehold improvements	· · · · · · · · · · · · · · · · · · ·	· · ·					5,386		16,958		8,428

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	<u> </u>	
(a) Description of security or category	(b) Book value	(c) Method of va	
(including name of security)	(B)Book value	Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
	.	-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<u>* </u>		
Part VIII Investments-Program Related. Se	e Form 990, Part X, line	13.	
		(c) Method of va	aluation
(a) Description of investment type	(b) Book value	Cost or end-of-year	
		Cost of end-of-year	market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	-		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
/-\ D	ption	(b) Book value
(a) Descri			
	•	,	22 827
(1) PUBLIC EDUCATION FIRE TRUCK		,	22,827
			22,827
		·	22,827
			22,827
			22,827
			22,827
			22,827
			22,827
			22,827
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			22,827
			22,827
			22,827
			22,827
			22,827
			22,827
			22,827
(1) PUBLIC EDUCATION FIRE TRUCK			
(1) PUBLIC EDUCATION FIRE TRUCK Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		22,827
(1) PUBLIC EDUCATION FIRE TRUCK	15.)		
(1) PUBLIC EDUCATION FIRE TRUCK Total. (Column (b) should equal Form 990, Part X, col.(B) line	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	<i>15.</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	15.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.)		

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	529,259 502,917 26,342 3,958 3,958 30,300 urn 529,259
3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu 1 Total revenue, gains, and other support per audited financial statements	3,958 3,958 30,300
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu 1 Total revenue, gains, and other support per audited financial statements	3,958 3,958 30,300 urn
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu 1 Total revenue, gains, and other support per audited financial statements	3,958 30,300 urn
6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu 1 Total revenue, gains, and other support per audited financial statements	3,958 30,300 urn
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu 1 Total revenue, gains, and other support per audited financial statements	3,958 30,300 urn
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu 1 Total revenue, gains, and other support per audited financial statements	3,958 30,300 urn
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu 1 Total revenue, gains, and other support per audited financial statements	3,958 30,300 urn
7 Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	30,300 urn
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu 1 Total revenue, gains, and other support per audited financial statements	urn
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu 1 Total revenue, gains, and other support per audited financial statements	
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990. Part VIII, line 12	
a Net unrealized gains on investments 2a	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV) 2d	
e Add lines 2a through 2d	C
3 Subtract line 2e from line 1	529,259
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	С
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5	529,259
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	
1 Total expenses and losses per audited financial statements	502,917
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV) 2d	
e Add lines 2a through 2d	C
3 Subtract line 2e from line 1	502,917
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV) 4b	
c Add lines 4a and 4b	С
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5	502,917
Part XIV Supplemental Information	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE INCOME TAX RETURNS FOR A PERIOD OF THREE YEARS AFTER THEY ARE FILED MANAGEMENT BELIEVES THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS
PART XI, LINE 8 - OTHER ADJUSTMENTS		PRIOR PERIOD ADJUSTMENT

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2010

DLN: 93493313015111

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Inspect ion

Employer identification number

MINNESOTA STATE FIRE CHI						41-1247114	
Does the organization mathe selection criteria used Describe in Part IV the or	d to award the grants rganızatıon's procedu	stantiate the amount of the or assistance? res for monitoring the use	of grant funds in the l	Jnited States			
Form 990, Part I		Governments and received eded.	d more than \$5,000.	Check this box if r		ived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MINNESOTA FIRE SERVICE FOUNDATION 1433 IDAHO AVENUE WEST ST PAUL, MN 55108	36-3591395	501(C)(3)	4,000				PURCHASE OF THREE BRONZE REPLICA STATUES
(2) MINNESOTA FALLEN FIREFIGHTERS MEMORIAL ASSOCIATIONPO BOX 18069 WEST ST PAUL, MN 55118	41-2009798	501(C)(3)	1,177				REMITTANCE OF DONATIONS RECEIVED VIA "PASS THE BOOT" COLLECTION EFFORT
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations .					<u>▶</u> 2

	•	
Part III	Grants and Other Assistance to Individuals in the United State	s. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
	· · · · · · · · · · · · · · · · · · ·	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION ONLY DONATES TO ORGANIZATIONS WHO SHARE SIMILAR
MONITORING GRANTS		GOALS IN ADVANCING FIRE SAFETY EDUCATION AND AWARENESS THEREFORE, THEY DO NOT DONATE UNLESS
IN THE U S		THERE IS AN EXPECTATION UP-FRONT OF HOW THE MONEY WILL BE SPENT THE ORGANIZATION RECEIVES
		SUGGESTIONS FOR DONATIONS FROM BOARD MEMBERS, EVALUATES THE COSTS AND BENEFITS OF GIVING, AND
		FINALLY AWARDS FUNDS OR PURCHASES ITEMS FROM OTHER FIRE SERVICE-RELATED NONPROFITS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313015111

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2010

Open to Public

Inspection

Name of the organization
MINNESOTA STATE FIRE CHIEFS ASSN INC

Employer identification number
41-1247114

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THERE IS NO FORMAL REVIEW PROCEDURE FOR THE 990 THE EXECUTIVE DIRECTOR MAKES IT AVAILABLE TO THE BOARD AFTER IT IS FILED

Identifier	Return Reference	ference Explanation	
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION EXPECTS BOARD MEMBERS TO BE CONVERSANT WITH THE POLICIES AND GUIDELINES SET FORTH, AND TO VOLUNTARILY BRING FORWARD QUESTIONABLE ISSUES AS THEY ARISE	

ldentifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 15A	THE ONLY EMPLOYEE OF THE ORGANIZATION IS THE EXECUTIVE DIRECTOR THE EXECUTIVE DIRECTOR IS EMPLOYED ON A TWO-YEAR RENEWABLE CONTRACT, AND RECEIVES ANNUAL PERFORMANCE REVIEWS VIA A JOINT MEETING OF THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE THIS JOINT COMMITTEE REVIEWS EXECUTIVE SALARIES OF OTHER COMPARABLE NONPROFITS, ALONG WITH THE EXECUTIVE DIRECTOR'S EFFECTIVENESS IN PERFORMING HIS DUTIES, IN MAKING ITS DETERMINATION THESE PROCEEDINGS ARE DOCUMENTED IN THE BOARD MINUTES	

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND	FORM 990, PART XI,	ADJUSTMENT FOR PREPAID EXPENSES 3,958 TOTAL TO FORM 990,
BALANCES	LINE 5	PART XI, LINE 5 3,958

ldentifier	Return Reference	Explanation
	FORM 990, PAGE 12, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR