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4 2016

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

later	nal Rev	enue Service	The organization may have to use a copy of this return to satisfy state r	eporting requirements.	inspection
A	for th	e 2011 ¢:	alendar year, or tex year beginning and ending		74
B	Check to		me of organization	D Employer identific	ation number
		64	AYLORD FIRE DEPARTMENT		
느	Addr	R	LIEF ASSOCIATION		
<u> </u>	Name ohani		ng Business As	41-16	547336
_	_ topin		mber and street (or P.O. box if mall is not delivered to street address) Room/suite	E Telephone number	
<u> </u>	Term		D_BOX_871		237-4354
	Amer		y or town, state or country, and ZIP + 4	G Gross receipts \$	669,988.
LX	Acpil Roni Pend	_	AYLORD, MN 55334	H(a) is this a group re	
] F Na	me and address of principal officer: JEFF WALKER	for affiliates?	Yes X No
_			ME AS C ABOVE		uded? Yes No
_			us: X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or 527	If "No," attach a	ist. (see instructions)
		ite: ► N.		H(c) Group exemption	
	icial.			of formation: 1908 M	State of legal domicils: MN
-	1				
8	Ι'	ሞስ ህ	ascribe the organization's mission or most significant activities: TO PROVIDE DLUNTEER FIREFIGHTERS.	RETIREMENT	BENEFITS
ם	2	Checkth	is how by It the executive to a discontinued in		
Activíties & Governance	3	Number	is box I if the organization discontinued its operations or disposed of more of voting members of the governing body (Part VI, line 1a)	(内内25°产)供户计会	sets,
Ğ	4	Number	of independent voting members of the governing body (Part VI, line 1b)	A PURCHASI	6
S 28	5	Total nur	nber of individuals employed in calendar year 2011 (Part V, line 2a)	1 0 00 0 1	6
, je	6	Total nur	nber of volunteers (estimate if necessary)	1.8.2014	<u></u>
Ę	7 a	Total unr	elated business revenue from Part VIII, column (C), fine 12 ated business taxable income from Porm 990-T, line 34	6	2,409.
٩.	b	Net unre	ated business texable income from Form 990-T, line 34	den utal	1,099.
				Prior Year	Current Year
<u> </u>	8	Contribu	tions and grante (Part VIII, line 1h)		65,456.
2	9	Program	service revenue (Part VIII, line 2g) Int Income (Part VIII column (A) lines 2 4 and 7 d	PU FUCA	0.
Revenue	10	modific	the abodine force Atti, contributed 2, 4, 80kg (d)	CU EUUM	-482.
-	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8o, 9c, 10c, and 11e)	0.	2,764.
	12	Total rev	PRIVE - add lines 8 through 11 (must equal Part VIII, column (A) line 12) MAN	1 2 2014 0.	67,738.
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4)	0.	20,868.
	14	Benefits :	paid to or for members (Part IX, column (A), line 4)	den Utaß	28,000.
8	פנו	Salanes,	other compensation, employee benefits (Part IX, column (A), fines 5-10)	0.	2,100.
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)	0.	0.
ជី			draising expenses (Part IX, column (D), line 25)		
	18	Total ava	penses (Part IX, column (A), lines 11a-11d, 11l-24e) enses, Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	-4,995.
	19	Devonie	less expenses. Subtract line 18 from line 12	0.	45,973.
중	 -	14046)100		0.	21,765.
ars and and	20	Total ace	ets (Part X, line 16) MAY 29 30W. Be	glaning of Current Year	End of Year
Net Assets	21		Rities (Part X, Ine 26)	495,135.	515,721.
E E	22		s or fund balances. Subtract line 21 from line 20		528.
R	H	Signa	ture Block	493,428.	515,193.
Und	er pena	alties of per	jury, I declare that I have examined this return, including accompanying schedules and statements	ente and to the best of my	knowledge and below & Co
true,	correc	H, and com	piete. Deciaration of preparer (other than officer) is based on all information of which preparer	hae anu kamuladaa	vimmenda siin osiisi' ii iz
		1		tide any knowledge.	
Sign	1	Sig	nature of officer	Date	
Her	0		OFF WALKER, PRESIDENT	4/18/20	111
			e or print name and title	12-1-1	
				ate Check	PTIN
Paid			HAVEMEIER, CPA KARLA HAVEMEIER, CPAI		P01209034
Prep		Firm's na	me KARLA HAVEMEIER, LTD	Firm's EIN	20-3836344
U86	Only	Firm's ad			
		<u> </u>	NEW ULM, MN 56073	Phone no. (5	<u>07) 354-7699</u>
			s this return with the preparer shown above? (see Instructions)		X Yes No
13200	01-2	13-12 LF	A For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2011)

	GAYLORD FIRE				
orm	1990 (2011) RELIEF ASSOCI			41-1647336	Page 2
Par	社組 Statement of Program Service Acc				-
	Check if Schedule O contains a response to a	any question in this Pa	rt III <u></u>		X
1	Briefly describe the organization's mission:				
	SEE PART I, LINE 1.				
					,
2	Did the organization undertake any significant prog	ram services during th	e year which were not listed on		
	the prior Form 990 or 990-EZ?			Ye	s X No
	If "Yes," describe these new services on Schedule				-
3	Did the organization cease conducting, or make slg	mificant changes in ho	w it conducts, any program ser	vices? Ye	s X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accom	plishments for each of	f its three largest program servic	ces, as measured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations and s				
	others, the total expenses, and revenue, if any, for				
4a	20.0			(Flevenue \$)
-	PROVIDED RETIREMENT BENEF				
			<u> </u>		
			·		
			20,868.		 ;
4b	(Code.) (Expenses \$ CITY OF GAY:	including grants of			<u> </u>
			DED IN LAWFUL GA		
	THE COMMUNITY. \$20,868 G	KANTS INCLU	DED IN LAWFUL GA	MDLING EXPENSE	
				<u> </u>	
		<u> </u>			
				·	
4¢		including grants of		(Revenue \$)
	DONATIONS TO SEVERAL YOUT	H PROGRAMS,	DONATIONS IN SU	PPORT OF COMMU	NITY
	FIREWORKS, DONATIONS TO V	ARIOUS NEED	Y INDIVIDUALS AN	ID GROUPS. TOT	AL
	PROGRAM EXPENDITURES INCL				
					
		· -			
	-				
			······································		
4d					
	(Expenses \$ 10,444 - Including gr) (Revenue \$		
4e_	Total program service expenses	38,444.			
				Form	1 990 (2011)
13200					

41-1647336 Page 3 RELIEF ASSOCIATION Form 990 (2011) Part W Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Х le the organization required to complete Schedule B, Schedule of Contributors 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 9 X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 110 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 X 114 Part X, line 16? If "Yes," complete Schedule D, Part IX Х e Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X. 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI, XII, and XIII ... ********** b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and If the organization enswered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12ь X 13 is the organization a school described in section 170(b)(1)(A)(li)? If "Yes," complete Schedule E 14a Did the organization maintein an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18

Form 990 (2011)

X

18 X

19

20a

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

41-1647336 Page 4

GAYLORD FIRE DEPARTMENT RELIEF ASSOCIATION

<u>Form</u>	990 (2011) RELIEF ASSOCIATION 41-1647	330	<u> </u>	age 4
Per	Checklist of Required Schedules (continued)	, 		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		v	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	'		w
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ł
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u> X</u>
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 through 24d and complete			.,
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Ç	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		ĺ	
	any tax-exempt bonds?	24c	-	 -
d	Did the organization act as an "on behalf of" issuer for bonde outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ĺ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			Ì
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
25	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			3.3
·	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	١.	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ļ	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
••	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
•-	Schedule N, Part II ,	32		X
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		X
34	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		X
35a		35a	1	X
b	The state of the s			
Ų	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			T
36	If "Yes," complete Schedule R, Part V, line 2	_36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	1
3/	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
90	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	Ţ <u>.</u>	 	1
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
	HOUSE MALE WITH 244 HIGHS BID LEADINGS TO ANTI-BIRD COLLEGES OF 11			(2011)

	GAYLORD FIRE DEPARTMENT	226	_	_
	990 (2011) RELIEF ASSOCIATION 41-1647	330	Pa	<u> </u>
9 (1)	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	*****	V 1	<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	200	X	see n
	(gambling) winnings to prize winners?	1c	33, 233	90m
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Sind for the calendar year ending with or within the year covered by this return.			ne
_	the for the caletoat year and with a fulfill the Jess parates 1	2b	X	g, jacobs var
ъ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Ž	129	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions)	3a	X	> 600.000
	Old the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4.		X
	If "Yes," enter the name of the foreign country:	18.88	#195.	500
Ь	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
F.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
эə b	many and the state of the state	БЬ		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-17 ,,	5c		
6a	- which is a second of the sec			
00	any contributions that were not tax deductible? ,	бa		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	2.50		in i
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ь		<u>L</u> .
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		}	
	to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year		######################################	
ę	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?,	71		X
9		<u>7g</u>	<u> </u>	-
h		7h	8011356 18011356	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	Γ.		8678 8
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	स्व कर.	1 19C 25
9	Sponsoring organizations maintaining donor advised funds.	18 (23)		170%
a		93_		₩
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?,	9 b	10000	1
10	Section 501(c)(7) organizations. Enter.			r, a
а		-		
b	• •	-{330	ká	
11	Section 501(c)(12) organizations. Enter:			130
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	12a	12.383	#7.48 h
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041?	122 <u>1</u>	- CONT.	2337
	if "Yes," enter the amount of tax-exampt interest received or accrued during the year	183		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	138	<u> </u>	**************************************
•		132		
	Note. See the instructions for additional information the organization must report on Schedule O.			
t	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is manifest to topo de-			
	Enter the embant of robertos of there	148	F 85 53500.7	X
148	Did the organization receive any payments for indoor tanning services during the tex year?	1.40	+	+

Form 990 (2011)

148 14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Farm	990 (2011) RELIEF ASSOCIATION		41-164	7336	Pa	6 aps
Porm	Governance, Management, and Disclosure For each 'Yes' response to lines 2 to	hrouah	7b below, and for	r a "No" re	spon	se
TO HAVE	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (). See	instructions.		•	
						\mathbf{X}
	Check if Schedule O contains a response to any question in this Part VI	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			
Sect	tion A. Governing Body and Management			1	Yes	No
		l 1a	1	69333	33.5	
1a	Enter the number of voting members of the governing body at the end of the tax year	10		<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing		}			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			2	3 (88)	
b	Enter the number of voting members included in line 1a, above, who are independent	15		<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		~###	
	officer, director, trustee, or key employee?		. 1441 /1	2		X.
3	Did the organization delegate control over management duties customanly performed by or under t	he dirê	ct supervision			١
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	ras filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		. 5		X
6	Did the organization have members or stockholders?			6	X	
	many the state of	appoin	t one or			ŀ
	more members of the governing body?			7a _	X	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7ь	X	<u> </u>
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			D		
8				8a	X	[
8	Each committee with authority to act on behalf of the governing body?			8ь	X	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					\vdash
8	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ALOI 100	, at the	9	į	X
0	tion B. Policies (This Section B requests information about policies not required by the Internal	Bayan	ue Code)	·· <u> </u>		
<u> 560</u>	TION B. POLICIES (This Section B requests information about policies not required by the interna-	101911			Yes	No
	The state of the s			10a	100	X
10a	Did the organization have local chapters, branches, or affiliates?	abaata	w offiliates		<u> </u>	
þ	If "Yes," did the organization have written policies and procedures governing the activities of such	Citathic	es, armarcs,	10ь		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	e. Sabe bad	files the form		Х	┼~
118	Has the organization provided a complete copy of this Form 990 to all members of its governing by	xiy be	ore willing are rount		990 S	1138×3
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				X	1000
12a	DIO NIC OLD MINORIA WAS A MANAGEMENT OF THE PROPERTY OF THE PR				X	+-
b		se to co	SEEDHITH	125		+
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe	١	v	1
	In Schedule O how this was done		- 1	12¢	X	X
13	Did the organization have a written whistleblower policy?			13	37	┼≏
14	Did the organization have a written document retention and destruction policy?			14	X	3123200
15	Did the process for determining compensation of the following persons include a review and appro-	rval by	Independent			16.2
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?		88 50		
ą	The organization's CEO, Executive Director, or top management official			. 15a	 -	X
ь	Other officers or key employees of the organization			. 15b	(************************************	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ement	with a	35.444 35.444	r e	
_	taxable entity during the year?		,,	16a	ļ	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	uate its	participation		ns.	
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the on					##
	exempt status with respect to such arrangements?			16b		T
Sor	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed ►MN					
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	D-T (Se	ction 501 (c)/3)e or	ntv) availet	ole	
18	for public inspection. Indicate how you made these available. Check all that apply.	. , (3 6	ال هزمازی ۱ می ۱۰۰۰، ۵۰۰	,,	-14	
		000E	et of interest nation	and fine	nciel	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	COMING	a or interest policy	, കുവ 11112	· (C)QI	
_	statements available to the public during the tax year.		nancele of the avec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
20	State the name, physical address, and telephone number of the person who possesses the books	S SELICITION FO	ecolos or the orga	uncation: I	_	
	JERRY HAHN - 507-237-5165					
	1117 8TH ST. GAYLORD. MN 55334					

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GAYLORD FIRE DEPARTMENT

Form 990 (2011)	RELIEF	ASSOCIA:	TION			41-10
Part VII Compensa	tion of Officers	, Directors,	Trustees,	Key Employees,	Highest	Compensated
	and Indonen					

Check if Schedule O contains a response to any question in this Part VII

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.
 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 organiz (A) Name and Title	(B) Average hours per week	age (do not per box, uni		(C) Position do not check more than one by, unless person is both an fficer and a director/trustee)			one han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
,	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key amployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) JEFF WALKER										_
RESIDENT	2.00	X	L	X		L	L	700.	0.	0
2) IAN SING			}						_	_
ICE PRESIDENT	1.00	X	_	X	<u> </u>	 	ļ	0.	0.	0
3) LYLE GROCHOW										_
ECRETARY	2.00	X	<u> </u>	X	ļ	<u> </u>	<u> </u>	700.	0.	0
4) JERRY HAHN									_	_
PREASURER	2.00	X	<u> </u>	X		ļ_		700.	0.	0
5) JUSTIN ROSE								0.	0.	,
RUSTER	1.00	X	+-	-		1	_	0.	<u> </u>	0
(6) Marc Messner Prustee	1.00	X						0.	0.	0
		-					_			
				_						
		1	1	1	1	1		1	!	

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Form 990 (2011)

GAYLORD FIRE DEPARTMENT 41-1647336 RELIEF ASSOCIATION Page 8 Form 990 (2011) Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII Section A. (F) (C) **Position Estimated** Reportable Average Reportable Name and title (do not check more than one pox, unless person is both an compensation amount of hours per compensation officer and a director/(rustee) from related other week from compensation (describe the organizations (W-2/1099-MISC) organization from the hours for related natitutional fusible (W-2/1099-MISC) organization ndvibul tustee and related organizations in Schedule organizations O) 2,100. 0. 0. Ō. 0. c Total from continuation sheets to Part VII, Section A 2,100. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

-	Total Hallings of Monteyon (managed and monteyon for mont			Ω.
	compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on		90.	
	line 1a? If "Yes," complete Schedule J for such Individual ,	3	22720	X
4	For any Individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	2381		
	and related organizations greater than \$150,0007 if "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5_	<u></u>	X
54	tion B. Independent Contractors			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Description of services Compensation Name and business address NONE Total number of independent contractors (including but not limited to those listed above) who received more than 0

Form 990 (2011)

\$100,000 of compensation from the organization

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			Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
3 2	1 a		ederated campaigns	18					
and Other Similar Amounts	Ŀ	, !	Membership dues	1b					
٦٤	-			1c	16,000.				
			·	1d					
λĒ	e			1e	48,956.				
50	f	F /	All other contributions, gifts, grants, and	Τ.					
\$		5	similar amounts not included above	1f	500.				
	ç	9 1	Noncash contributions included in lines 1s-1f. \$						
3 5	1	h '	Total. Add lines 1a-1f		.	65,456.		30.	
					Business Code				ta tiketeki
8	2 8	Э,							
و چ	ı	þ į							
2 2	•	C ,				ļ _			
5 6	(d							<u></u>
Program Service Revenue	•	e							
<u> </u>	1	f .	All other program service revenue.		L		100012000000000000000000000000000000000	120000 - 11000 W. 1200	Carlange fire
	9		Total. Add lines 2a-2f				100000000000000000000000000000000000000		(2004 41 5 5 M 3 1 7 7 7
	3		Investment income (Including dividend				i		
1			other similar amounts)			400			-482
ı	4		Income from investment of tax-exempt	bond	proceeds 🚩	-482.		 	-402
}	5		Royalties	<u>,</u>		28 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	7347621401403333		eemaraatiista esk
İ			<u> </u>	(eal	(ii) Personal				
	6	а	Gross rents		ļ				
	1		Less: rental expenses						
l			Rental income or (loss)					######################################	######################################
			· · · 		<u> </u>	434 200 200 200 200			
	7	3		urities	(ii) Other				
			assets other than inventory						
		Ь	Less: cost or other basis						
İ			and sales expenses		 			t icesses	
		Ċ	Gain or (loss)			Jaco nel Control	40 / 22.0169 034 6742	3 6 1 27 27 74 5 74 5 74 5 7	POLO DI VIPE EN CONS
		đ	Net gain or (loss)		·	(e) (1 (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	######################################	12/3/12/20/20/20/20/20/20/20/20/20/20/20/20/20	
e	8	a	Gross income from fundralsing events						
ventue			including \$ 16,000.		1				
Rei			contributions reported on line 1c). See		14,312				
Other Rev			Part IV, line 18		13,957				
ē			Less: direct expenses	., . I	<u> </u>	355	rewia:	garan revisiristi.	355
	ı	e	Net income or (loss) from fundraising (2-			### CB1/8
	9	a	Gross income from gaming activities.		590702				
			Part IV, line 19		588293				
		-	Less: direct expenses Net Income or (loss) from gaming active		• 300 233	2,409	prin on the tiple in it is	2,409	og rammers of the control of the Control
	40		Gross sales of inventory, less returns	4 ICIGO	<u>.</u>	000 00 12 12 12 12 12 12 12 12 12 12 12 12 12		PARTY NEW	
	''	ď	A - 11	,	a l				
			Less: cost of goods sold	• ••	b				1945
			Net income or (loss) from sales of inve		<u> </u>				Mary W. W. C. C. Charachard
	\vdash	<u></u>	Miscellaneous Revenue		Business Cod				
	11	_	Microsoft (BYCHUC	-			Acres and the country of the poor		
	∣ ''	ь						1	
	}							1	
		d	All other revenue					1	1
	1	-	Total. Add lines 11a-11d		•	<u> </u>	######################################		
		-				67,738		2,409	-127

Form 990 (2011) RELIEF ASSOCIATION

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any question in this	s Part IX	(C)	(D)
Do 1 76,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		22 252		
	organizations in the United States. See Part IV, line 21	<u>20,868.</u>	20,868.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	28,000.	28,000.		
5	Compensation of current officers, directors,				i
	trustees, and key employees	2,100.		2,100.	
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				·
0	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
þ	Legal				
C	Accounting	3,625.		3,625.	
d	Lobbying				
ė	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,404.		1,404.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,484.	1,484.		
20	Interest				ļ
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			,	
24	Other expenses, Itemize expenses not covered		7 A (7 T) (7 T)		
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			hadawa ka E	
	amount, list line 24e expenses on Schedule O.)				
a	SUPPLIES, EQUIPMENT FOR	8,774.	8,774.		
ь	BOND	400.		400.	
c	DUES	186.	186.		
d	GRANTS INCLUDED IN LAWF	-20,868.	-20,868.		
6	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	45,973.	38,444.	7,529.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				1

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GAYLORD FIRE DEPARTMENT RELIEF ASSOCIATION

rm 990 (4	1-10	47336 Page 1
art X	Balance Sheet	1		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	276,312.	1	4,324
2	Savings and temporary cash investments	15,377.	2	319,650
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	35,260
5	Receivables from current and former officers, directors, trustees, key			72.T. S. C. T. L. S. C. T.
3	employees, and highest compensated employees. Complete Part II		119 5)	
ì	of Schedule L	***************************************	5	A stee, bite biter an easier of my more
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
i				
	employers and sponsoring organizations of section 501(c)(9) voluntary	addings have it specifically	6	SECTION OF A 13 THER ST
: _	employees' beneficiary organizations (see instructions)		7	
7	Notes and loans receivable, net	1,277.	8	833
' I _	Inventories for sale or use	1,2110	9	
9	Prepaid expenses and deferred charges			
10a	Land, buildings, and equipment: cost or other			
- 1	basis. Complete Part VI of Schedule D 10a			
ь	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	202 160	11	155 657
12	Investments - other securities See Part IV, line 11	202,169.	12	155,654
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	495,135.	16	515,721
17	Accounts payable and accrued expenses	1,707.	17	528
18	Grants payable ,,		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
-	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	\$chedule D		25	
26	Total liabilities. Add lines 17 through 25	1,707.	26	528
120	Organizations that follow SFAS 117, check here X and complete	E. E. Grennick & Ellenic		
ا م	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	77,030.	27	85,08
28	Temporanly restricted net assets	416,398.	28	430,11
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here		10.23	
	complete lines 30 through 34.			
27 28 29 30 31 32 31 32 3		302 5-month 1622 555 07 (1937) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30	www.cocococococococococococococococococo
30	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ 31	• • • • • • • • • • • • • • • • • • • •		32	
5 32	Retained earnings, endowment, accumulated income, or other funds	493,428.		515,19
33	Total net assets or fund balances	495,135.	34	515,72
<u> 34</u>	Total liabilities and net assets/fund balances	1 437,130.	34	Form 990 (20

Form **990** (2011)

	GAYLORD FIRE DEPARTMENT				
Form	990 (2011) RELIEF ASSOCIATION	41-164	<u> 1336 </u>	Page	<u>: 12</u>
W-1755	Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI	<u>در بر.</u>		<u>. </u>	
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,73	
2	Total expenses (must equal Part DK, column (A), line 25)	2		,97	
3	Revenue less expenses. Subtract line 2 from line 1	3		,76	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>493</u>	,42	_
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	515	, 19	<u>. 3 . </u>
Pai	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	···· · · · · · · · · · · · · · · · · ·		X
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X X
¢	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	20		<u></u>
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schilf "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	edule Q.			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and 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 Si	ingle Audit		- (х
	Act and OMB Circular A-1337 ,		3a_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

SCHEDULE A (Farm 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

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ame of th	e organizatio	n CAYLORD	FIRE DEPARTM	1ENT		•		Em	p loyer is	dentificatio	ล กนก	nber
ane or u	, C Q . g		ASSOCIATION						41	-1647	336	
Part	Reason fo		ly Status (Ali organiza	tions must	complete	this part)	See instr	uctions.				
			ecause it is: (For lines 1									
1	A church con	vention of churches	, or association of church	hes descri	bed in sec	tion 170(t	o)(1)(A)(I).					
			(b)(1)(A)(ii). (Attach Sch			•						
ร์ 🗀 วิ	A hosoital or a	cooperative hospit	al service organization d	escribed in	section 1	70(b)(1)(A	N)(iii).					
رُ 📑 🏖	A medical rese	earch organization o	perated in conjunction v	vith a hosp	tal descri	bed in sec	tion 170()	b)(1)(A)(iii)	. Enter th	ne hospital'	s name	e,
	city, and state		•									
5 🗀 .	An organizatio	n operated for the k	penefit of a college or un	versity ow	ned or ope	erated by	a governm	nental unit	describe	d in		
_	•	o)(1)(A)(iv). (Comple										
6 🗀	A federal, state	e, or local governme	ent or governmental unit	described	ın sectior	170(b)(1)	(A)(v).					
7 X	An organizatio	n that normally rece	sives a substantial part o	of its suppo	ort from a g	ovemmer	ntal unit or	from the	general p	ublic descr	ibed ir	1
)(1)(A)(vi). (Complet										
			ection 170(b)(1)(A)(vi). (Complete I	Part II)							
9 🗀	An organizatio	on that normally rece	eives: (1) more than 33 1	/3% of its:	support fr	om contrib	outions, m	embership	fees, an	d gross rec	elpts t	from
	activities relate	ed to its exempt fun	ctions • subject to certai	n exceptio	ns, and (2) no more	than 33 1/	/3% of its:	support 1	from gross	invest	ment
	income and u	nrelated business ta	xable income (less secti	ion 511 tax) from bus	inesses a	cquired by	y the organ	nization e	ifter June 3	0, 197	5.
		i09(a)(2). (Complete										
ıo 🗀	An organization	on organized and op	erated exclusively to tes	t for public	safety. S	ee sectio	n 509(a)(4).				
11 🔲	An organization	on organized and op	erated exclusively for th	e benefit o	f, to perfo	m the fun	ctions of,	or to carry	out the	purposes o	f one	or
			itions described in section). See sec	tion 509(a)(3). Che	ck the box	that	
	describes the	type of supporting	organization and comple	ete lines 11	e through	11h.			_	1		
	a Type I					tionally into			d L	Type III • (
e 📖	By checking t	his box, I certify tha	t the organization is not	controlled	directly or	indirectly	by one or	more disc	fusitied i	persons oth	er tha	U
	foundation ma	anagers and other t	han one or more publicly	supported	d organiza	tions desc	ribed in se	ection 509	(a)(1) or:	section 509	(a)(2)-	
f			ten determination from t	he IRS tha	titis a Tyj	pe I, Typa	II, or Type	: III				
	supporting on	ganization, check th	nis box ,,					,,,			• ••	_
9	Since August	17, 2006, has the c	organization accepted an	ly gift or co	Intribution	from any	of the folic	owing pers	ions /			A14
			irectly controls, either al		ether with	persons d	eşçribed i	n (II) and (I	ii) below,		Yes	No
			upported organization?		•					11g(i)	 	-
			n described in (i) above?							11g(ii)		
			person described in (i) o							11g(ii)	<u> </u>	<u> </u>
h	Provide the fo	ollowing information	about the supported or	ganization(5).							
	-		(iii) Type of	l		4.3.754		(vi) Is	ma I			<u> </u>
(i) Name	of supported	(ii) EIN	organization	(iv) is the o in col. (i) his	U	(v) Did you organizati		l omanizatio	n in coll	(vii) An		ÞΤ
orga	anization		(described on lines 1-9	governing (-		(I) organiz	90 III UIB	Sup	port	
			above or IRC section (see Instructions))	Yes	No	Yes	No	Yes	No			
			(acc immedial)	1.00			- 110		1			
									[[
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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Schedule A (Form 990 or 990-EZ) 2011 RELIEF ASSOCIATION 41-1647:

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.)

Sec	tion A. Public Support					<u></u>	
	idar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	_(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and				Ì	į	
	membership fees received. (Do not	Ì				- A	205 (26
	include any "unusual grants")	45,847.	51,419.	54,218.	68,686.	65,456.	285, <u>626.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			Ì			
	or expended on its behalf				· =		
3	The value of services or facilities		ì	1			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	45,847.	51,419.	54,218.	68,686.	65,456.	285,626.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						1
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1913) a.s.					
	column (f)			CALLY CONTRACT			
6	Public support. Subtract line 5 from line 4			1111 / 7 % Open			285,626.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) <u>2009</u>	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	45,847.	51,419.	54,218.	68,686.	65,456.	285,626.
8	Gross income from interest,						į
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	13,472.	9,906.	6,635.	3,081.	-482.	32,612.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on	-5,098	3,572.	1,742.	-310.	2,409.	2,315.
10	Other income. Do not include gain						ļ
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						320,553.
12	Gross receipts from related activities	s, etc. (see instruct	lons) ,,			12	14,312.
13	First five years. If the Form 990 is fo					on 501(c)(3)	
_	organization, check this box and sto	p here					<u></u>
	ction C. Computation of Pub			1 451		144	89.10 %
	Public support percentage for 2011					15	81.57 %
	Public support percentage from 201						
16	33 1/3% support test - 2011. If the						
	stop here. The organization qualifies	s as a publicly supp	orted organization	n			
١	b 33 1/3% support test - 2010. If the						
	and stop here. The organization qua						
17	a 10% -facts-and-circumstances te						
	and if the organization meets the "fa					ent IV how the orga	nization
	meets the "facts-and-circumstances						.,
-	b 10% -facts-and-circumstances te	st - 2010. If the on	gantzation did not	check a box on lin	e 13, 162, 16b, or	7/a, and line 15 is	DU% OF
	more, and if the organization meets						.e
	organization meets the "facts-and-cl						· · · · 【片
18	Private foundation. If the organizat	ion did <u>not check a</u>	box on line 13, 10	5a, 16b, 17a, or 17			
					Sch	edule A (Form 99	U OL ARO-FT) 5011

Page 3

Schedule A (Form 990 or 990-EZ) 20	<u> </u>	
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

	(complete only if you allocated			-	• •	•	
Sac.	qualify under the tests listed by	alow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						And the second
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			l Sabercare		2000 A CONTRACTOR OF THE PARTY	
~	Public support Support Potentine 7c from line 61	p 20028 1185 - <u>2018</u> , 2885	Ascreeii ani amaan	14, 33 80,84 80 35	**************************************	1.1 0000 5000 25387	······
	ndar year (or fiscal year beginning in)	(e) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10s and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
14		r the organization	's first, second, th	rd, fourth, or fifth 1	tax year as a secti	on 501(c)(3) organiz	ration,
	check this box and stop here		<u></u> .				- I
	ction C. Computation of Pub						
	Public support percentage for 2011			column (f))		15	%
_	Public support percentage from 201			··· ··	·	16	%
	ction D. Computation of Inve					17	
17						18	^ %
18	a 33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box to 33 1/3% support tests - 2010. If the	and stop here. The organization did	ne organization qua I not check a box o	alifies as a publicly in line 14 or line 19	supported organi a, and line 16 is m	zation ore than 33 1/3%,	▶ ∐ and
_	line 18 is not more than 33 1/3%, ch						₹片
-	Private foundation. If the organization	on did not check	a oox on line 14, 1	ea, or 190, check		hedule A (Form 99	10 or 990-E21 201
1320	n23 01-24-12				30		

SCHEDULE D

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Tressury Internal Revenue Service Name of the organization

GAYLORD FIRE DEPARTMENT

2011

OMB No. 1545-0047

Employer identification number 41-1647336

	RELIEF ASSOCIATION			L	41-104/330
Par		unds or Othe	r Similar Funds	or Accour	nts. Complete if the
	organization answered 'Yes' to Form 990, Part IV, line 6.				
		(a) Donor adv	sed funds	(b) Fund	s and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)	·			
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing	ng that the assets	held in donor advis	ed funds	
	are the organization's property, subject to the organization's excl	usive legal contro	p		Yes No
6	Did the organization inform all grantees, donors, and donor advis-	ors in writing that	grant funds can be	used only	
-	for charitable purposes and not for the benefit of the donor or do	nor advisor, or fo	any other purpose	confemng	
	impermissible private benefit?				Yes No
Pat	Conservation Easements. Complete if the organize	zation answered *	Yes" to Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (o				
-	Preservation of land for public use (e.g., recreation or educ-		reservation of an his	stoncally impo	rtant land area
	Protection of natural habitat	P	reservation of a cert	tified historic s	tructure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	conservation con	tribution in the form	of a conserva	tion easement on the last
	day of the fax year.				
					Held at the End of the Tax Yea
а	Total number of conservation easements	- 6412733 ** **		. 2a	
b	Total acreage restricted by conservation easements			2b	
	Number of conservation easements on a certified historic structu			2c	
d	Number of conservation easements included in (c) acquired after	r 8/17/08, and no	on a historic struct	ture	
_	listed in the National Register			2d	······································
3	Number of conservation easements modified, transferred, release			e organization	during the tex
-	year >				
4	Number of states where property subject to conservation easern	ent is located			
5	Does the organization have a written policy regarding the periodi	ic monitoring, insi	section, handling of		
-	violations, and enforcement of the conservation easements it ho				. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conse	rvation easements o	during the yea	·
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation	m easements dunn	g the year 🕨 :	\$
8	Does each conservation easement reported on line 2(d) above s	atisfy the require	ments of section 170	D(ከ)(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIV, describe how the organization reports conservation	easements in Its I	evenue and expens	e statement, a	and balance sheet, and
•	include, if applicable, the text of the footnote to the organization	's financial staten	nents that describes	the organizat	ion's accounting for
	conservation easements.				
Pa	Organizations Maintaining Collections of A	rt, Historical	Treasures, or (Other Simil	ar Assets.
سننسا	Complete if the organization answered "Yes" to Form 990				
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report	in its revenue state	ment and baia	ance sheet works of art.
	historical treasures, or other similar assets held for public exhibit	tion, education, o	r research in further	ance of public	service, provide, in Part XIV
	the text of the footnote to its financial statements that describes	s these items			
ь	If the organization elected, as permitted under SFAS 116 (ASC 9	958), to report in a	ts revenue statemer	nt and balance	sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, educ	ation, or research	In furtherance of p	ublic service, j	provide the following amount
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1		,,,	🕨	\$
	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of art, historical treasur	res, or other simi	ar assets for financ	ial gain, provid	
_	the following amounts required to be reported under SFAS 116	(ASC 958) relatin	to these Items:	•	
а	- 1 1 1 1 5 AAA 5 AMB F - 4				\$
	Assets included in Form 990, Part X ,			.	\$
0	Maasta included in Form 200, FRICA ,				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

•	GAYLORD	FIRE DEPAR	RTMEN	\mathbf{T}					
Sched	ule D (Form 990) 2011 RELIEF A	ASSOCIATION	1					547 <u>336</u>	
P	Organizations Maintaining C	ollections of Ar	t, <u>Hist</u> c	orical Tre	easures, e	or Other	Similar Asse	ets (continu	<i>ued)</i>
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	at are a sign	rificant use of its	collection i	tems
	(check all that apply).								
а	Public exhibition	d	<u></u> □ u	oan or excl	hange progr	ams			
ь	Scholarly research	6		ther					
c	Preservation for future generations		_						
	Provide a description of the organization's co	liections and explain	how the	ev further ti	he organizat	on's exem	ot purpose in Pa	at XIV.	
5	During the year, did the organization solicit or	receive donations of	of art. his	torical treas	sures, or oth	er sımılar a	ssets		
	to be sold to raise funds rather than to be ma							Yes	☐ No
	Escrow and Custodial Arrange reported an amount on Form 990, Par	gements. Comple	te if the	organizatio	n answered	"Yes" to F	orm 990, Part IV	, line 9, or	
4.	Is the organization an agent, trustee, custodi		lion, for o	cotribution	e or other e	eete not in	cluded		
								Yes	□ No
	on Form 990, Part X?								
Þ	If "Yes," explain the arrangement in Part XIV	and comblete the to	nowing te	apie:			r	Amount	
							1	Amount	
	Beginning balance								
	Additions during the year								
	Distributions during the year						1e		
	Ending balance						17	1	
	Did the organization include an amount on Fe		217	,,,	,,		, .,	Yes	L No
b_	If "Yes," explain the arrangement in Part XIV.								
Par	Endowment Funds. Complete i	f the organization an	swered '	Yes' to Fo	rm 990, Par				
		(z) Current year	(b) Pr	or year	(c) Two yes	ars back (c	f) Three years bac	k (e) Four	/ears back
12	Beginning of year balance				<u> </u>			Bla in	
b	Contributions								
	Net investment earnings, gains, and losses								* 11 TO THE
	Grants or scholarships								
	Other expenditures for facilities								
•	and programs								
f	Administrative expenses								
	End of year balance							72.334	
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	a. column (a)) held as:				
_	Board designated or quasi-endowment		96	,···· ,					
	Permanent endowment		_~						
	Temporarily restricted endowment	% %							
G	The percentages in lines 2a, 2b, and 2c short								
	Are there endowment funds not in the posse	uid c quai 10070. Socion of the executi	ration the	t =ra hald :	and administ	tered for th	e organization		
38		ession of the organiz	AUGH UIG	(SI & LIGICI 6	21G 6G1111116		a Diguineation	Г	Yes No
	by:							3a(i)	
	(i) unrelated organizations								
	(ii) related organizations							3b	$\neg + \neg$
þ								. (00)	
- 4 - 1 -3 502	Describe in Part XIV the intended uses of the								
100	A.VIII Land, Buildings, and Equipn		1		t or other	(a) 10	cumulated	(d) Book	velue
	Description of property	(a) Cost or o			i (other)		reciation	(L) DOOR	· vauc
		Cabis (myest	rient)	Desis	(Suiter)				
10	Land	-				(8/4 Ex - 2 28/47)	(474) 4500 2200		
b	Buildings					 			
¢	Leasehold improvements					1			
d	Equipment					 		<u></u>	
	Other			L				-	
Tota	I. Add lines 1a through 1e (Column (d) must o	equal Form 990, Par	t X, colun	nn (B), line	10(c).) .		<u>, </u>		0.
							Schedu	ile D (Form	990) 2011

Spart VIII Investments - Other Securities, See Form 990, Part X, ten 12. (e) Method of valuation: (cost or end-of-your market value (including name of security) (h) Book value (cost or end-of-your market value (including name of security) (including name of security)	Schedule D (Form 990) 2011 RELIEF ASSOC			41-	1647336 Page 3
(i) Financial demand of accuracy (ii) Financial demand here in the research of the property of	Part VI Investments - Other Securities. See	Form 990, Part X, line 12.			
		(b) Book value		(c) Method of valuations or end-of-year mark	ion: ret value
(3) Other (A) MUTAL FUNDS (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives				
MUTAL FUNDS	(2) Closely-held equity interests				
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(3) Other				773 7 777
(C) (D) (C) (C) (P) (C) (P) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(A) MUTAL FUNDS	155,654.	END-OF-	YEAR MARKET	VALUE
(D) (C) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(F) (G) (F) (G) (H) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(F) (G) (H) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E			-		-
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		<u>.</u>			
1.55					
Total: (Cell (b) must equal Form 990, Part X, col (B) line 12) ▶ 1.55 , 6.54 4. *** (a) Description of investment type (b) Book value (c) Method of valueton: Cost or and of lyeer market value (l) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					
Early VIII Investments - Program Related. See Form 930, Part X, line 13. (e) Method of valuation: (ii)	(1)				·····
(a) Description of investment types (b) Book value Cost or end-of-year market value (i) (c) (d) (d) (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				principal de la company de la company de la company de la company de la company de la company de la company de
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(2) (3) (4) (5) (6) (7) (9) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (8) line 13) (9) (9) (10) (11) (12) (13) (14) (15) (16) (17) (2) (3) (4) (5) (6) (7) (9) (9) (10) (10) (10) (10) (10) (10) (10) (11) (11	(a) Description of investment type	(b) Book value		, -,	
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(6) (7) (8) (9) (10) Total, (Col (b) must aqual Form 990, Part X, col (8) line 13.) ▶ Part XK Other Assets. See Form 990, Part X, line 15.					
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(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Perri X: Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Production (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					
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(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part : Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) IN 88 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 12005.					
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) HN 48 (ASC 740) Feotrola. In Part XIV, provide the text of the footr-site to the organization's financial statements that reports the organization's liability for uncertain tax positions under 132053.					
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2, FN 48 (ASC 740).	(a) Decertation of habitar		(b) Book value		
2, FN 48 (ASC 740).	(1) Federal income taxes				
2, FN 48 (ASC 740).	(2)			4.25.22	
2, FN 48 (ASC 740).	(3)				
2, FN 48 (ASC 740).					
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2, FN 48 (ASC 740).					
2, FN 48 (ASC 740).		25.)			
01-23-12 Schedule D (Form 990) 2011	132053	the organization's financial statem	ents that reports the or		in tax positions under edule D (Form 990) 2011

	GAYLORD FIRE DEPARTMENT			
Sched	lule D (Form 990) 2011 RELIEF ASSOCIATION			41-1647336 Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to A	udited Finance	ial State	ements
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3 _	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		В	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	
100	Reconciliation of Revenue per Audited Financial Statement	ts With Rever	ue per f	Return
	Total revenue, gains, and other support per audited financial statements			1
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		•• ••	
_	Net unrealized gains on investments	2a		
_	Donated services and use of facilities			
b	· · · · · · · · · · · · · · · · · · ·			
_	Recoveres of prior year grants	-		
đ	Add lines 2a through 2d			20
A	Subtract line 2e from line 1			3
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			(Z. 1)
*		4a		
9 L	Other (Describe in Part XIV.)		-	
b	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5
100	TXIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	nses pe	r Return
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
8	Donated services and use of facilities	2a		
b	Prior year adjustments			
	Other losses ,			
	Other (Describe in Part XIV.)	1 1		
e	a day and a day and a day		******	2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 76	4a		
ь		4b		
-	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5
Pa	Supplemental Information			
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4; Pa	art IV, lines	1b and 2b; Part V, line 4; Part
X, lir	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	ete this part to pro	ovide any a	dditional information.
		•		
	the state of the s			
_				0-1

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization enswered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2011

Inspection

Name of the organization

Department of the Tressury

Internal Revenue Service

GAYLORD FIRE DEPARTMENT

Employer identification number

41-1647336 RELIEF ASSOCIATION Fundralising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part 1 required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants. Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yea," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraleer have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity from activity fundraiser or entity (fundraiser) organization listed in col. (i) Yes No

Tota	lai ,	.			
3	List all states in which the organization is registered or licensed to or licensing.	solicit contribution:	s or has been notified	d it is exempt from	registration

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

che Pa	edul rt 1	e G (Form 990 or 990-EZ) 2011 RELIEF Fundraising Events. Complete if the	e organization answered	"Yes" to Form 990, Part	V, line 18, or reported	1647336 Page 2 more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990-	EZ, lines 1 and 6b. List et	vents with gross receip	ots greater than \$5,000.
			(a) Event #1 PANCAKE BREAKFAST	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	ool. (o))
Revenue	1	Gross receipts	30,312.			30,312.
	2	Less: Chantable contributions	16,000.			16,000.
	3	Gross income (line 1 minus line 2)	14,312.			14,312.
,	4	Cash prizes				
898	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				_
	8	Entertainment	13,957.			13,957.
	9	Other direct expenses				
	10		ıh 9 in column (d)	·· ·· ·· · · · · · · · · · · · · · · ·		13,957
P	11	Net income summary. Combine line 3, column Gaming. Complete if the organization	nn (d), and line 10 answered "Yes" to Form	990, Part IV, line 19, or re	ported more than	333,
		\$15,000 on Form 990-EZ, line 6a.				
Вемепие			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
₩ ₩	1	Gross revenue		590,702.		590,702.
Ses	2	Cash prizes		494,078.		494,078.
Experi	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs		19,038.		19,038.
	5	Other direct expenses		75,177.		75,177.
	6	Volunteer labor		Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		" >	588,293
	8	Net gaming income summary. Combine line	1, column d, and line 7	<u> </u>	>	2,409.
_	F.	nter the state(s) in which the organization oper	ratan anmina notaritica: N	fN		
	a Is	the organization licensed to operate gaming a "No," explain:	activities in each of these			, X Yes No
		ere any of the organization's gaming licenses 'Yes,' explain			/ear ⁷	Yes X No
	_				Rehadula C IF	arm 000 or 000 E21 2014
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	GAYLORD FIRE DEPARTMENT	1 6 4 7	226	
che				Page 3
1	Does the organization operate gaming activities with nonmembers?	لحصا	Yes	No
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	\Box	Yes	X No
	Indicate the percentage of garning activity operated in:			
3	The organization's facility	138		.00 %
ь	An outside facility	13ь	100	.00 _%
4	Enter the name and address of the person who prepares the organization's garning/special events books and records:			
	Name ► TRAVIS GRACK			
	Address ► PO BOX 871 - GAYLORD, MN 55334			
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of garning revenue retained by the third party			
С	e If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶ TRAVIS GRACK			
	Garning manager compensation ▶ \$ 4,200.			
	Description of services provided ► MANAGES ALL LAWFUL GAMBLING ACTIVITIES.			
	Director/officer X Employee Independent contractor			
17	Mandatory distributions:			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. 🗀	Yes	X No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ 40,283.			
Pâ	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii	i) and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see	instruc	tions).
		···		
				•
				

03/31/2014 2:31PM (GMT-04:00)

SCHEDULE			Grants and	Other Assistance	Grants and Other Assistance to Organizations	ú		Own nor local con
(Lorm eac)			Government	s, and individuals	Governments, and Individuals in the United States	tes		Z011
Department of the Treasury Internal Bevenue Service		Complete it		in answered "Yes" to For	' to Form 990, Par m 690	the organization answered "Yes" to Form 990, Part IV, line 21 or 22. • Attach to Form 990		Open to Public Inspection
Name of the organization	GAYLORD	GAYLORD FIRE DEPARTM	TMENT				LLI	Employer identification number 41-1647336
Partition General Inf	General Information on Grants and Assistance	and Assistance						
1 Does the organiza	ation maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	L
criteria used to av	criteria used to award the grants or assistance? Describe in Part IV the openization's procedures for monitoring the use of grant funds in the United States.	Istance? ocedures for monit	corno the use of grant	funds in the United	d States.	:		Yes A No
Fertil Grants and	Grants and Other Assistance to Governments and Org	Governments and	1 Organizations in the	e United States. C	complete if the orga	anization answered "Y	anizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	, line 21, for any
- 1	at received more than	\$5,000. Check this	box if no one recipien	it received more th	lan \$5,000. Part II	can be duplicated if	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	4 pr
1 (a) Name and add	1 (a) Name and address of organization or government	9	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(1) Method of valuation (book, Appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GAYLORD								
LOCAL		WI SWY FIRM						
GAYLORD, MN 55334		1810ma-14		20,868.	0.			
2 Enter total numbe	Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table	and government or	genizations listed in the	ie line 1 table				•
	Enter total number of other organizations listed in the line 1 (ab)	s listed in the line	i (able					•
LHA For Paperwork I	For Paperwork Reduction Act Notice, see the instructions for Form 990.	, see the instruct	ions for Form 890.					Schedule I (Form 990) (2011)
132101 01-27-12				27				

Schedule J (Form 990) (2011) Page 2 (f) Description of non-cash assistance 41-1647336 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 28 (c) Amount of cash grant (b) Number of recipients GAYLORD FIRE DEPARTMENT RELIEF ASSOCIATION (a) Type of grant or assistance Schedule | (Form 990) (2011) 132102 01-27-12 SCHEDULE O (Form 990 or 990-E2)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

GAYLORD FIRE DEPARTMENT RELIEF ASSOCIATION

Employer identification number 41–1647336

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROGRAM EXPENDITURES FOR THE FIRE DEPARTMENT INCLUDING SUPPLIES,

EQUIPMENT, AND DUES.

EXPENSES \$ 10,444. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION IS COMPRISED OF MEMBERS OF THE VOLUNTEER FIRE DEPARTMENT.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE GOVERNING BODY OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS AFFECTING INVESTMENTS,

BYLAWS, ETC ARE APPROVED BY THE MEMBERS. ALL LAWFUL GAMBLING EXPENDITURES

HAVE TO BE APPROVED BY THE MEMBERS ALSO.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO THE

ASSOCIATION'S BOARD OF DIRECTORS FOR REVIEW. AFTER REVIEW IT IS MADE

AVAILABLE TO THE MEMBERS FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

REVIEWED ANNUALLY BY THE ASSOCIATION'S BOARD MEMBERS FOR ANY NECESSARY

CHANGES.

FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 192211 01-23-12