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Department of the Treasury Internal Revenue Service

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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

	-01	116 20	of Calendar year, or tax year beginning and	enuing			
В	Check applic	If able.	C Name of organization		D Employer	dentif	ication number
	lcha	dress inge	NORTHFIELD FIRE DEPT RELIEF ASSOCIATION	ON			
		inge	Doing Business As		4	11-6	5025303
F	Init retu Ter	ırn min-	Number and street (or P.O. box if mail is not delivered to street address) 300 WEST FIFTH ST	Room/suite	о.ор. юо		er -581–1312
F	– ate ⊢Am	ended	City or town, state or country, and ZIP + 4		G Gross receipts		439,480.
13	Iretu 7 Apr	arn olica-	NORTHFIELD, MN 55057				
LÆ	tior per	ding			H(a) Is this a g		
			F Name and address of principal officer THOMAS DVORAK		for affiliat		Yes X No
			SAME AS C ABOVE		_	iates in	cluded? Yes No
			ot status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 52	7 If "No," a	ttach a	a list. (see instructions)
			► N/A		H(c) Group ex		
K	Form		anization: X Corporation Trust Association Other ▶	L Yea	r of formation: $f 1$	$10 _{1}$	M State of legal domicile; MN
Į.P	art,		ummary				
ø	1		efly describe the organization's mission or most significant activities: $\overline{ ext{TO}}$	ROVID	E RETIREN	IENT	BENEFITS
Activities & Governance			O VOLUNTEER FIREFIGHTERS				
Ē	2	Ch	eck this box 🕨 📖 if the organization discontinued its operations or dispo	sed of moi	e than 25% of it	s net a	ssets.
ŏ	3	Nu	mber of voting members of the governing body (Part VI, line 1a)			3	9
٣	4	Nu	mber of independent voting members of the governing body (Part VI, line 1b)			4	9
Se	5	Tot	al number of individuals employed in calendar year 2011 (Part V, line 2a)			5	0
ij	6		al number of volunteers (estimate if necessary)	•	•• • •	6	31
댨	7		al unrelated business revenue from Part VIII, column (C), line 12		• •-	7a	6,987.
Ā	1		t unrelated business taxable income from Form 990-T, line 34	•		7b	<215.
_	1	<u> </u>	a diffordado babilidos taxable indolfio from 1 difficolo 1, iiilo 04	·	Prior Year		Current Year
	8	Co	ntributions and grants (Part VIII, line 1h)	F-	206,0	113	187,805.
ī	1			<u></u>	200,0	0.	0.
Revenue	9		ogram service revenue (Part VIII, line 2g)	<u> </u>	<409,2		
æ	10		estment income (Part VIII, column (A), lines 3, 4, and 7d)				
	11		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	<1,9		
	12		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<205,2		
	13		ants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>		0.	0.
	14	Bei	nefits paid to or for members (Part IX, column (A), line 4)			0.	157,875.
es	15	Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6	50.	650.
Expenses	16	a Pro	fessional fundraising fees (Part IX, column (A), line 11e)			0.	0.
хр		b Tot	al fundraising expenses (Part IX, column (D), line 25)	_0. 💇			是是是一定。但是那么
Щ	17	Oth	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVED		10,8	89.	12,502.
	18	Tot	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-01 [11,5	39.	171,027.
	19		venue less expenses. Subtract line 18 from line 120 DEC 1 9 274	IO	<216,7	42.	> 24,011.
58			S 2012	19 B	eginning of Curren	t Year	End of Year
Net Assets Fund Baland	20	Tot	al assets (Part X, line 16)	TS	3,260,6		3,333,921.
ASS	21		al liabilities (Part X, line 26) OGDEN, UT	┵╚╽┝		01.	17.
Set Set	22		t assets or fund balances. Subtract line 21 from line 20	1	3,260,3		3,333,904.
			Signature Block	7			3,333,3011
1			s of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	ents and to the he	st of m	v knowledge and belief it is
			nd complete. Declaration of preparer (other than officer) is based on all information of wi				y momody and bond, it is
							-12_
Sig			Signature of officer		Date		
_			THOMAS DVORAK, PRESIDENT				
Here THOMAS DVORAK, PRESIDENT Type or print name and title							
		P-		₁	Date , , [herk T	II PTIN
Da!	d		Int/Type preparer's name Preparer's signature Preparer's signature	j	ا درارات		
Pai		_	HOMAS J. OLINGER, CPA MEYERS LIP			elf-employ	
	pare		m's name ABDO, EICK, & MEYERS, LTP		Fırm's I	IN 🕨	41-1397419
USE	Only	/ Fir	m's address PO BOX 3166		İ	_	07 605 0705
			MANKATO, MN 56002-3166		Phone	10. 5	07-625-2727
Ma	v the	JRC .	discuss this return with the preparer shown above? (see instructions)				X Voc No

SCANNED JAN 0 8 2013

		D FIRE DEPT RELIEF	ASSOCIATION 4	11-6025303 Page 2
Pai	rt III Statement of Program Service	•		<u> </u>
	Check if Schedule O contains a respon	nse to any question in this Part III	<u> </u>	
1	Briefly describe the organization's mission: SEE PART I, LINE 1			
2	Did the organization undertake any significar	nt program candoos during the year w	high ware not listed	
2	the prior Form 990 or 990-EZ?	it program services during the year w	which were not listed on	Yes X No
	If "Yes," describe these new services on Sch	nedule O.	•	103 [22] 140
3	Did the organization cease conducting, or m		ducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedu			
4	Describe the organization's program service			
	Section 501(c)(3) and 501(c)(4) organizations others, the total expenses, and revenue, if a			ents and allocations to
4a	(Code) (Expenses \$ 16	4,278. including grants of \$) (Revenue \$	200.)
-	PENSION BENEFITS			
				
				·
		<u> </u>		
4b	(Code) (Expenses \$	Includes a sector of 0	\	<u> </u>
40	(Code) (Expenses \$	including grants of \$)
			···-·	
				
	-			
4 -				· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			· · · · · · · · · · · · · · · · · · ·	
				
			 -	
4d	Other program services (Describe in Schedu	•		
1-	(Expenses \$ inclu Total program service expenses >	164,278.) (Revenue \$)
4e	Total program service expenses	202/2/01	· · · · · · · · · · · · · · · · · · ·	Form 990 (2011)
	_			(=011)

Form 990 (2011) NORTHFIELD F
Part IV Checklist of Required Schedules

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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		Х
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	<u> </u>
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			١
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			\ _{3,7}
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	35 the 8601	X
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			15.
	as applicable.		\$ 4 m	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
U	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	x	
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c	:	х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
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	Х	ļ
þ	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	Х	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
		Eor.	uun /	71 FOC

Form 990 (2011) NORTHFIELD FIRE DE Part IV Checklist of Required Schedules (continued)

			Yes	N ₂
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		res	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			\vdash
	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		х
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		X
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		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			7.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27	110.65	X
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):		rick?	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
G	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{x}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	7.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
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	X 990 (2	2011
		rorm :	ママひ (2	∠∪11)

Form **990** (2011)

Check if Schedule O contains a response to any queston in this Part V 16 Enter the number reported in Box 3 of Form 1096, Enter -0 if not applicable be find the number of Forms W-2G included in line 1 a. Enter -0 if not applicable in the common of the part of the properties of the programment of the part	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance					age
1a Enter the number reported m Box 3 of Form 1096. Enter -0* into applicable be Enter the number of Forms W205 (included in fine 1 as. Enter -0* in not applicable be 10 by 10 completed by 10 b	-	Check if Schedule O contains a response to any question in this Part V					
1a Enter the number reported m Box 3 of Form 1096. Enter -0* into applicable be Enter the number of Forms W205 (included in fine 1 as. Enter -0* in not applicable be 10 by 10 completed by 10 b				··· · · ·	<u> </u>	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamthing) withinings to prize wirmen? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2	1a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable	1a] 2		. 1	
a Earth final mimber of employees reported on Form W3, 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? 3b Ick least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b Ick least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Ick least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Ick least one is reported on line 2a, 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 accountry? 4c If Yes, * enter the name of the foreign country. ▶ 5a Was the organization and swell-be reported foreign country. ▶ 5a Was the organization of party to a princible data whether transaction at any time during the tax year? 5b Ick any time for the organization that it was or is a party to a prohibeted tax shelter transaction? 5c If Yes, * other Sac post, but the organization that it was or is a party to a prohibeted tax shelter transaction? 5c Ick were not tax deductible? 5c If Yes, * did the organization to not tax deductible on the organization that may receive deductible contributions under section 170(c). 5c If Yes, * did the organization mortify the donor of the value of the goods or services provided? 5c If Yes, * indicate the number of Forms 8822 filed during the year 5c If Yes, * indicate the number of Forms 8822 filed during the year 5c Ick the organization received a contribution of qualified intellectual property, did the organization file a form 108 of 7b Ick was required to the Form 8822 filed during the year 5c Ick the organization members or shareholders 6c Ick the organization members or shareholders 6d Ick Saccions 901(c)(7)	ь	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	1b	C	1	2' ,'	
2a Einer the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return If at least one is reported on hime 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) 3a Did the organization have unrelated business gross income of \$1 A100 or more during the year? 3a X X 3b If Yes, "has it filed a Form 990-T for this year? If No," provide an explanation in Schedule O 3b If Yes," sha it filed a Form 990-T for this year? If No, provide an explanation in Schedule O 3b If Yes, "to line 1 for foreign country (such as a bank account, securities account, or other francial account)? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary or the foreign country. 5b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at that shelter transaction? 6a Does the organization and party to a prohibited tax shelter transaction at that shelter transaction are controlled to the organization multiple shelt and promise any contributions that the were not tax deductible? 6b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction as greater than \$100,000, and did the organization solicit any contributions under section 170c). 6c Did the organization enclude with every solicitation an express statement that such contributions or grifts were not tax deductible? 6c Did the organization behalt were not tax deductible? 6d If Yes, "Indian that may receive deductible contributions under section 170c). 8d If Yes, "Indian that may receive deductible contributions under section 170c). 8d If Yes, "Indian that may receive deductible contributions under section 170c). 8d If Yes, "Indian that may receive deductible contributions under section 5	C	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming	1	٠,	
filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross in some of \$1,000 or more during the year? 3b If Yess, that if filed a Form 950 for this year? If No, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; yee that a a bank account, securities account, or other financial account; 5b If Yess, that if the a Form 950 for this year, out in the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (who have a bank account, securities account, or other financial account); 5c If Yess, the organization appry to a prohibited tax shelter transaction at any time during the tax year? 5c If Yess, the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d If Yess, did the organization necked account of the value of the goods or services provided? 5d If Yess, findicate the number of Forms 8282 field during the year? 5d If Yes, indicate the number of Forms 8282 field during the year and the organization cell and the organization cell and the organization or for the value of the goods or services, provided? 5d If the organization received a contribution of orday host year and property for which it was required to file Form 8282? 6d If Yes, indicate the number of Forms 8282 filed during the year and property for which it was required to file Form 8282? 7d If the organization received a contribution of cars, bosts, aphraganization services, did the organization file property in the year and pare		(gambling) winnings to prize winners?			1c	X	- '
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a form 990 T for this year? 3a X 3b If "Yes," has it filed a form 990 T for this year? 3b If "Yes," has it filed a form 990 T for this year? 4b If "Yes," has it filed a form 990 T for this year? 4c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, leave an interest in, or a signature or other authority over, a financial account in a foreign country, leave an interest in, or a signature or other authority over, a financial account in a foreign country, leave an interest in, or a signature or other authority over, a financial account, or other financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization netwice with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8c If yes, "Indicate the number of Forms 8282 filed during the year organization, for the organization network any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization cereived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8990 as required? 8c Did the organization excluded an ormation of cars, boats, airplanes, or other v	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country, line in a bank account, securities account, or other financial account;? 4 If Yes, * reter the name of the foreign country, line in a bank account, securities account, or other financial account;? 5 If Yes, * the third in the foreign country, line in the foreign country line in the foreign Bank and Financial Accounts. 4 If Yes, * to line 5a or 5b, old the organization file Form 88867. 5 If Yes, * to line 5a or 5b, old the organization file Form 88867. 6 Did the organization section that a contraction of the foreign section 170(c). 8 If Yes, * indicate the number of Forms 8282 filed during the year put premiums on a personal benefit contract? 9 If the organization received a contribution of cars, boats, pinancian, or the value of the goats of the organization file Form 8899 as required? 1 If yes, * indicate the number of Forms 8282 filed during the year put premiums on a personal benefit contract? 1 If yes, * indicate the number of Forms 8282 filed during the year put pr		filed for the calendar year ending with or within the year covered by this return	2a	0			, ,
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. b Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: , j. X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JESSE FAUST - 651-460-6166

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

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 organization		orga I	ınıza			mpe	nsat			
(A)	(B)			Pos	C) ition			(D)	(E)	(F)
Name and Title	hours per	(do not check more t		' I (do not check more than one I '''		Reportable compensation	Reportable compensation	Estimated amount of		
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	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former			organizations
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(2) BRIAN REDFIELD										
TRUSTEE	1.00	Х				<u></u>		0.	0.	0.
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		Щ.	ــــــــــــــــــــــــــــــــــــــ	١		1	<u> </u>	1	<u> </u>	<u></u>

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Form 990 (2011)

	*		7		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
rants	1 a	Federated campaigns	1a		, - ,	· , »		1 - 13
Grants	b	Membership dues	1b			3/4	1	, , , , , , ,
A, C	С	Fundraising events	1c	2,000.				
ᆵ	d	Related organizations	1d			Vide a second	٠ (٦ - ١٠٠٠)	
s, Gif	е	Government grants (contribut	ions) 1e	177,105.		Sant Sant		
500	f	All other contributions, gifts, gran				KARS WALL		医感觉性遗传
		similar amounts not included above		8,700.	人作。	· 经成品	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ΘĒ	g	Noncash contributions included in lines	•	<u> </u>			The said	15.6 建设建筑
Contributic and Other	_	Total. Add lines 1a-1f		•	187,805.	· · · · · · · · · · · · · · · · · · ·		
				Business Code		· 1345 15 11 1	STATE OF STATE	125 mg 3 7 7 2 3 1 1 1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1
ا به	2 a				in Marine Late of the Ada	The first that the same of the	المناها فالمناه والمناها والمناها والمناها والمناها والمناها والمناها والمناها والمناها والمناها والمناها والم	loor - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
ξ	 b						<u> </u>	
Sel	c	· · · · · · · · · · · · · · · · · · ·		-			, , ,	
E 9	4			-				
Program Service Revenue				_		·		
품	f	All other program service reve	nue		· · · · · · · · · · · · · · · · · · ·			
1	a	Total. Add lines 2a-2f	iiue			医肾炎过程中华大学的基本		FOR WEALTH IN THE
	3	Investment income (including	dividende in			1. FART S. F. TANGET P. 12. 1. 1. 1.	THE SECTION AND AND AND AND AND AND AND AND AND AN	tar. to control to and
l	3	other similar amounts)	ulviuerius, ii	iterest, and	35.		1	35.
	4	•	v avamnt hai	ad proposds	33.		 	
	4	Income from investment of tax	x-exempt boi	na proceeas				
	5	Royalties .	(2 D1	(i) Damanal	LONG MERCHANIST NATION	CONTRACTOR AND A SECTION OF CO	こ、生中は本語などの何。	15、5克勒(百),特别成众。
		2	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)				CLE LE MALLE	DAY OF THE PARTY OF THE	
	d	Net rental income or (loss)	F ==	<i></i> ▶	7 . 7 . ~	TUE AMPLIE TES BY GAREN		F She Stot 1 2 11 21 472 5
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				The state of the s
		assets other than inventory				一种的数据的数据		
	b	Less: cost or other basis						
		and sales expenses						
- 1		Gain or (loss)						Links
		Net gain or (loss)		<u> </u>	6.57.25.25.25.2			
ine.	8 a	Gross income from fundraising		t l				
		including \$ 2,0	00. of			Brand State		
Š		contributions reported on line	1c). See					
ra		Part IV, line 18		a 8,045.			国际政策基件系统	
Other Rever	b	Less: direct expenses		ь 8,034.				
٦	c	Net income or (loss) from fund	raising even	ts . 🕨	11.	医验验 :2013000		11.
	9 a	Gross income from gaming ac	tivities. See		all says (The	为约50000mm	美國毛髓等數字	的数据是否代
		Part IV, line 19		a 243,395.				
	b	Less: direct expenses		ь 236,408.	1000年11月1日		17 18 18 18 18 18 18 18 18 18 18 18 18 18	
	С	Net income or (loss) from gam	ing activities		6,987.		6,987.	
	10 a	Gross sales of inventory, less	returns			TO PETER MANAGER	TALE THE	
İ		and allowances		а	经验的		C. Transaction	的特殊是一次
	b	Less: cost of goods sold		Ь		全国的		
		Net income or (loss) from sale	s of inventor	v •	Our contribute & in the State of the State o	1. No. of Carlot State of Carlot and Carlot	16) fait Faitheann a tabhasa na thanaid	C. A. S. S. S. S. S. S. S. S. S. S. S. S. S.
Ī	•	Miscellaneous Revenu		Business Code	是 Ann. Tain (實際)	经产业的	计算机 计图式图像	经济域的数据设计
ı	11 a	MISC INCOME		900000	200.	200.	and the second second of Second States	and the second the second
1	b							
	c			_		<u> </u>		
	d	All other revenue		_			 	
	e	Total. Add lines 11a-11d	•	<u> </u>	200.		S (ST STATE TANK)	7. July 2 18 18
	12	Total revenue. See instructions.			195,038.	200.	6,987.	46.
132009 01-23-							- / - / - / -	Form 990 (2011)

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 respo	nse to any question in th		<u> </u>	
	not include amounts reported on lines 6b, 8b, 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			1 1	1
	organizations in the United States. See Part IV, line 21				, ,
2	Grants and other assistance to individuals in				3 Th 12 A
_	the United States. See Part IV, line 22	<u> </u>		18 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Grants and other assistance to governments,	i			- , - , - , - , - , - , - , - , - , - ,
	organizations, and individuals outside the		i		
	United States. See Part IV, lines 15 and 16	157,875.	157,875.		392 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
4	Benefits paid to or for members	137,073.	137,073.	11 11 11 11 11 11	1 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1
5	Compensation of current officers, directors,	650.	650.		
_	trustees, and key employees	- 030.	030.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ļ	
_	persons described in section 4958(c)(3)(B)			 	·
7	Other salaries and wages			<u> </u>	
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)			<u> </u>	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	5,723.	5,723.		
ت نہ	Accounting	3,723.	5,125.		
ď	Lobbying . Professional fundraising services. See Part IV, line 17		3. 100 m		
f	Investment management fees		法"增加"《 14、金物》、北部高速是其限。	APPENDING CONTRACTOR	
	Other	 	<u> </u>		
g 10	Advertising and promotion				
12 13	Office expenses	590.	30.	560.	
14	Information technology			3001	
15	Royalties				
16	Occupancy				_
17	Travel				1
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,116.		2,116.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered	全数少点的第三人称单	THE PROPERTY OF THE PARTY OF TH	以上,不是这个人的	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	一概 电热流激烈			"我就需求要 "。
	amount, list line 24e expenses on Schedule O.)	自然的形式的连续	数据的发展。随意	《美国教育》	多种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种
а	EMPLOYEE RECOGNITION	3,062.		3,062.	
b	IRS TAX STATUS FEE	850.		850.	
c	SUPPLIES	161.		161.	
d					
e					
25_	Total functional expenses. Add lines 1 through 24e	171,027.	164,278.	6,749.	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.]		
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>		<u> </u>

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
1	2	Savings and temporary cash investments	79,390.	2	36,439.
- 1	3	Pledges and grants receivable, net		3	1 30, 300
- 1	4	Accounts receivable, net		4	39,687.
	5	Receivables from current and former officers, directors, trustees, key	·		33,700,7
1	_	employees, and highest compensated employees. Complete Part II	1883.	5 7°	
		of Schedule L	A British Commercial Commercial	5	1 · '
	6	Receivables from other disqualified persons (as defined under section	, and a contract of the contra	, , , -	1 1 2 1 1 2 1 1 1
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	13 3 1 - M 17 2	1 26	
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary		Δ,	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1		employees' beneficiary organizations (see instructions)	management to the state of the state	6	Section 12 Section 1
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use	215.	8	217.
`	9	Prepaid expenses and deferred charges		9	
- 1	10a	Land, buildings, and equipment: cost or other	等例: 我们人以证明的!!	TO 1. 5 30 1	. 87 . 19 (SEE SEE FE
1		basis. Complete Part VI of Schedule D 10a		-31+ -31+	
- 1	b	Less: accumulated depreciation 10b	hide of marketing which washing and the 50°	10c	استناد گذشته سنسکت ۲ مکت
	11	Investments - publicly traded securities		11	<u> </u>
- 1	12	Investments - other secunties. See Part IV, line 11	3,181,072.	12	3,257,578.
	13	Investments - program-related. See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
l	14	Intangible assets		14	
ŀ	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,260,677.	16	3,333,921.
	17	Accounts payable and accrued expenses	293.	17	
- 1	18	Grants payable .		18	
ŀ	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
S S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	《大学》的第二人	\$ \$	THE SECOND
ia de		highest compensated employees, and disqualified persons. Complete Part II		10 mm	
-		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			4.5
		Schedule D	8.	25	17.
	26	Total liabilities. Add lines 17 through 25	301.	26	1/.
		Organizations that follow SFAS 117, check here X and complete			是在一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
š	07	lines 27 through 29, and lines 33 and 34.	16,971.	rage 3	10 566
la	27	Unrestricted net assets	3,243,405.	27	18,566. 3,315,338.
BB	28 29	Temporarily restricted net assets Permanently restricted net assets	3,243,403.	28	3,313,336.
Ĕ	25	Organizations that do not follow SFAS 117, check here	CHARGE STATE CARE	29	CARE LEAR THEO ENGINE TOTAL
F		complete lines 30 through 34.			一种
ध	30	Capital stock or trust principal, or current funds	The state of the s	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	3,260,376.	33	3,333,904.
	34	Total liabilities and net assets/fund balances	3,260,677.	34	3,333,921.

Form	990 (2011) NORTHFIELD FIRE DEPT RELIEF ASSOCIATION	41-602	5303	Pag	_{je} 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\mathbf{X}
1	Total revenue (must equal Part VIII, column (A), line 12)	1	195	0,0	38.
2	Total expenses (must equal Part IX, column (A), line 25) .	2	171	.,0	<u>27.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	24	٠, 0	<u> 11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,260),3	76.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	49	5, 0	<u>17.</u>
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	3,333	3,9	04.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	·			X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	l i	l	
	separate basis, consolidated basis, or both			- 4	
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	2011)

SCHEDULE A (Form 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization **Employer identification number** NORTHFIELD FIRE DEPT RELIEF ASSOCIATION 41-6025303 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% 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 33 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated a Type I b Type II d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box 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) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (I) Name of supported (ii) EIN (vii) Amount of organization in col. (I) organized in the organization n col. (i) listed in your organization in col. organization support (described on lines 1-9) governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Total

Schedule A (Form 990 or 990-EZ) 2011 NORTHFIELD FIRE DEPT RELIEF ASSOCIATION 41-6025303 Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 178,220. 161,252. 148,504. 206,013. 188,005. 881,994. include 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 178,220 161,252. 148,504 206,013. 188,005 881,994. 4 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 line Section B. Total Support (c) 2009 Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (d) 2010 (e) 2011 (f) Total 161,252 148,504 881,994. 178,220 206,013. 188,005 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 409. 995. 40. 54. 35. 1,533. and income from similar sources 9 Net income from unrelated business activities, whether or not the <10,135.b <4,130.> <2,209. 9,531. 6,987 44. 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 10 883,571. 63,597. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.82 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % 15 101.35 15 Public support percentage from 2010 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright [X]$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2011

17a 10% -facts-and-circumstances test - 2011. 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

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

Schedule À (Form 990 or 990-EZ) 2011 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	כ
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support	<u> </u>					
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1					
2	Gross receipts from admissions,						
	merchandise sold or services per-					1	
	formed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose	:		j			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513			1	1		
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf				i		j
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
_	•					· · · · · · · · · · · · · · · · · · ·	
	Total. Add lines 1 through 5				 	 	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			<u> </u>			
E	Amounts included on lines 2 and 3 received from other than disqualified persons that				ŀ		:
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			<u> </u>	ļ <u></u>		
	Add lines 7a and 7b	Brights or the motion by around	A BUND AND AN ANALOG AS COMPA	SPECIAL TO STATE A SECURE OF	. INSERT A NAME OF TAXABLE PROPERTY AND	704 3. 74 mm) management.	
	Public support (Subtract line 7c from line 6)	器以外科技	A STATE OF THE STA	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	以下	[活起]是[[4][2]	
_	ction B. Total Support	Ţ	T.			T	
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties					İ	
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		•				
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is				ļ		
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)				1	}	
13	Total support (Add lines 9, 10c, 11, and 12)	-					
	First five years. If the Form 990 is for	r the organization'	s first, second, thir	d. fourth. or fifth t	ax vear as a secti	on 501(c)(3) organiz	ration.
	check this box and stop here			,		(-)(-)	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (column (fi)		15	%
	Public support percentage from 2010	• • • • • • • • • • • • • • • • • • • •	-	***		16	%
	ction D. Computation of Inve						
17						17	%
18		- ·	**	,		18	
	a 33 1/3% support tests - 2011. If the			on line 14. and lin	e 15 is more than		
	more than 33 1/3%, check this box a	-				•	▶□
ı	b 33 1/3% support tests - 2010. 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						
20	Private foundation. If the organization		-	•		•	
	ate roundation in the organizatio	did not oneon a	20/ 01/ 11/0 17, 13	a, or roo, oricon t	557 810 558 11		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

		EPT RELIEF ASSOCIATION	41-6025303			
Pai	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, li	ne 6.				
		(a) Donor advised funds	(b) Funds 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 that the assets held in donor advisor	d funda			
,		_				
c	are the organization's property, subject to the organization's		. LYes LNo			
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring					
Dai	impermissible private benefit? Conservation Easements. Complete if the o	· · · · · · · · · · · · · · · · · · ·	Yes No			
			πιν, iine 7.			
1	Purpose(s) of conservation easements held by the organiza					
	Preservation of land for public use (e.g., recreation or	<i>'</i> —	orically important land area			
	Protection of natural habitat	Preservation of a certific	ed historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	f a conservation easement on the last			
	day of the tax year					
			沙定部 Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic si	tructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	l after 8/17/06, and not on a historic structure	e			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the o	organization during the tax			
	year ▶					
4	Number of states where property subject to conservation easement is located					
5	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements	rt holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements dur	ing the year			
7	Amount of expenses incurred in monitoring, inspecting, and	l enforcing conservation easements during the	ne year > \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No			
9	9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization					
	conservation easements.		-			
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	ner Similar Assets.			
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,			
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherand	ce of public service, provide, in Part XIV,			
	the text of the footnote to its financial statements that desc					
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition,					
	relating to these items.	,				
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$			
	(ii) Assets included in Form 990, Part X					
2		easures, or other similar assets for financial o	nain provide			
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1		• •			
	Assets included in Form 990, Part X		*			
U	resous moluces in Form 550, Fart A	•	Φ			

		ELD FIRE D						-6025303	
Par	t III Organizations Maintaining C	ollections of	Art, His	torical Tr	easures,	or Othe	r Similar A	Ssets (contin	nued)
3	Using the organization's acquisition, accessi	on, and other reco	rds, ched	ck any of the	following th	at are a siç	gnificant use o	of its collection	items
	(check all that apply):								
а	Public exhibition		a <u> </u>	Loan or exc	hange prog	rams			
b	Scholarly research		е 🗀	Other				_	
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expl	ain how t	they further t	he organiza	tion's exen	npt purpose ii	n Part XIV.	
5	During the year, did the organization solicit o	r receive donation:	s of art, h	nistorical trea	sures, or ot	her simılar	assets		
	to be sold to raise funds rather than to be ma							Yes	No.
Par	t IV Escrow and Custodial Arran	gements. Comp	plete if th	e organizatio	n answered	"Yes" to f	Form 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other interm	ediary fo	r contribution	ns or other a	ıssets not i	ncluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	following	table:					
								Amount	
c	Beginning balance			•			1c		
d	Additions during the year	•					1d		
e	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, Ir	ne 217					Yes	No.
	If "Yes," explain the arrangement in Part XIV.								
Par	tivi Endowment Funds. Complete i	f the organization a	answered	d "Yes" to Fo	rm 990, Par	t IV, line 10).		
_		(a) Current year	(b)	Prior year	(c) Two ye	ars back (d) Three years	back (e) Four	years back
1a	Beginning of year balance				<u></u>			地通過	W. NAME
b	Contributions .				<u> </u>			经验证	REPLACE AND ADDRESS OF THE PARTY OF THE PART
c	Net investment earnings, gains, and losses								招展實際
d	Grants or scholarships							超級的於	《公司》
е	Other expenditures for facilities					ľ		7. A.C.	
	and programs .								
f	Administrative expenses .							建 数 数	1042ArT
g	End of year balance							47.75	
2	Provide the estimated percentage of the curr	rent year end balar	nce (line	1g, column (a)) held as:				
a	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
c	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organ	ization th	at are held a	ınd administ	tered for th	e organızatior	າ	
	by:							,	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	edule R?				. <u>3b</u>	
4	Describe in Part XIV the intended uses of the								
Pai	tVIII Land, Buildings, and Equipm	ient. See Form 9	90, Part)	K, line 10		,		· · · · · · · · · · · · · · · · · · ·	
	Description of property	(a) Cost or		\ \-/ ·	or other	1 '	cumulated	(d) Book	value
		basis (inves	stment)	basis	(other)		reciation		
	Land			 		(作業職終	學的影響	1	
	Buildings .			ļ		<u> </u>			
c	Leasehold improvements					<u> </u>		<u> </u>	
d	Equipment					_		<u> </u>	
e_				<u> </u>		1		ļ	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	irt X, colu	mn (B), line	10(c).)			.1	0.

	dule D (Form 990) 2011 NORTHFIELD FIRE DEPT RELIE.				41-	6025303 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial Stat	emen	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		<u> 195,038.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		<u> 171,027.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		24,011.
4	Net unrealized gains (losses) on investments			4		50,381.
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV)			8		<864.
9	Total adjustments (net) Add lines 4 through 8			9		49,517.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9		10		73,528.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	th Rever	nue per l	Returr	1
1	Total revenue, gains, and other support per audited financial statements				1	489,861.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a	5	0,381	.] [
b	Donated services and use of facilities	2b			7	
С	Recovenes of prior year grants	2c			7	
d	Other (Describe in Part XIV)	2d	24	4,442		
e	Add lines 2a through 2d				2e	294,823.
3	Subtract line 2e from line 1				3	195,038.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					133,030.
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a L	Other (Describe in Part XIV)	4b			ქ ქ	
ь	Add lines 4a and 4b	40			┥╻. [0
c	· · · · · · · · · · · · · · · · · · ·				4c	195,038.
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) It XIII Reconciliation of Expenses per Audited Financial Statem	ents W	/ith Expe	nses ne		
		CITES V	ritii Expe	nocs pe		416,333.
1	Total expenses and losses per audited financial statements				1	410,333.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _ 1			1.	
а	Donated services and use of facilities	2a			-	
b	Prior year adjustments	2b			-	
С	Other losses	2c		5 206	-	l .
d	Other (Describe in Part XIV)	2d	24	5,306	닉	0.1- 0.5
е	Add lines 2a through 2d .				2e	245,306.
3	Subtract line 2e from line 1				3	<u>171,027.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_	
b	Other (Describe in Part XIV)	4b			1 1	
С	Add lines 4a and 4b				4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	171,027.
Pa	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	II, lines 1	a and 4, Pa	rt IV, lines	1b and 2	2b, Part V, line 4, Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	olete this	part to pro	vide any ac	ditional	Information
PAI	RT X, LINE 2: DURING 2010_THE_ASSOCIATION N	RECE	IVED I	NFORM	OITA	N
IN	DICATING THEIR TAX EXEMPT_STATUS MAY BE UN	CERT	AIN.	UNDER	FAS	B ASC
74	0-10-50, FORMERLY FIN 48, THE ASSOCIATION	IS RI	EOUIRE	D TO I	DISC	LOSE ANY
			_~			
UNG	CERTAIN TAX POSITION. THE ASSOCIATION IS	CURRI	ENTLY	OPERAT	TING	AS A
<u></u>						
501	(C)3 UNDER IRS CODE. THE ASSOCIATION IS	CURRI	עיותא	זאי אד	r PR	OCESS OF
<u> </u>	t (C/3 dibble 11th Cobbs 11th Habbotinition 15	COLUNI				OCEDO OI
DF.	-ΤΝΟΤΆΤΤΝΟ ΤΉΕΤΑ ΕΧΈΜΡΤ ΟΠΆΤΙΟ ΑΟ Α 501/01	ਪਜ਼ਾਹ ਨ	ייים ארייי	V.THVT	FPOI	ማጥፈር 3ዛጥ M
VE.	RE-INSTATING THEIR EXEMPT STATUS AS A 501(C)3 RETROACTIVELY FROM THE DATE					
ᄉᄆ	REVOCATION. IF THE IRS DOES NOT GRANT THE	ਜ਼ਹ ਜ਼	_ TMCmx	ጥፑΜፑእጣ	ים ח	יים אים אים יים יים יים יים יים יים יים
OF	OF REVOCATION. IF THE IRS DOES NOT GRANT THE RE-INSTATEMENT OF THE EXEMPT					
Gu.	אוווס שעם אפפטטדאשדטאו אטוווט ספ שטפאשפי אמי.	ת דיים	ייי ∕ים מ	T/T 17870	በተሙየታ	7 NTD
<u>517</u>	ATUS, THE ASSOCIATION WOULD BE TREATED AS A	r rul	TUNT A	<u> </u>	T T T T	WIND

Schedule D (Form 990) 2011 NORTHFIELD FIRE DEPT RELIEF ASSOCIATION 41-6025303 Page 5 Part XIV Supplemental Information (continued)				
SUBJECT TO BUSINESS INCOME TAX. A TAX LIABILITY WILL NOT BE ACCRUED				
BECAUSE THE AMOUNT IS NOT EASILY ESTIMATED. DURING 2011 NO PENALTIES OR				
INTEREST WERE RECORDED.				
PART XI, LINE 8 - OTHER ADJUSTMENTS:				
APPROVED ADJUSTMENT -864.				
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
DIRECT EXPENSES FOR CHARITABLE GAMBLING 236,408.				
DIRECT EXPENSES FOR FUNDRAISING 8,034.				
TOTAL TO SCHEDULE D, PART XII, LINE 2D 244,442.				
PART XIII, LINE 2D - OTHER ADJUSTMENTS:				
DIRECT EXPENSES FOR CHARITABLE GAMBLING 236,408.				
DIRECT EXPENSES FOR FUNDRAISING 8,034.				
APPROVED ADJUSTMENT 864.				
TOTAL TO SCHEDULE D, PART XIII, LINE 2D 245,306.				
2D: THE PORTION OF FUNDRAISING AND GAMBLING NETTED FROM REVENUE				

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "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.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization **Employer identification number** NORTHFIELD FIRE DEPT RELIEF ASSOCIATION 41-6025303 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," 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 fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 NORTHFIELD FIRE DEPT RELIEF ASSOCIATION 41-6025303 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Gross receipts 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 243,395 243,395. Gross revenue 206,517. 2 Cash prizes 206,517. Expenses 3 Noncash prizes 5,827. 5,827. 4 Rent/facility costs 24,064 24,064 5 Other direct expenses Yes J Yes Yes % X No 6 Volunteer labor No No 236,408, 7 Direct expense summary Add lines 2 through 5 in column (d) 6,987. 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: MN X Yes a Is the organization licensed to operate gaming activities in each of these states? b if "No," explain: Yes X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** if "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011 NORTHFIELD FIRE DEPT RELIEF ASSOCIATION 41-6025303 Page 3
11 Does the organization operate gaming activities with nonmembers?
12 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?
13 Indicate the percentage of gaming activity operated in:
a The organization's facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ANDREW TUSSING
Address ► 9240 DECKER AVE - NORTHFIELD, MN 55057
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
c If "Yes," enter name and address of the third party.
Name ▶
Address ▶
16 Gaming manager information:
Name ARAMIS WELLS
Gaming manager compensation ▶ \$ 3,953.
CAMPI ING MANAGED COMPENSATION
Description of services provided GAMBLING MANAGER COMPENSATION
Director/officer X Employee Independent contractor
17 Mandaton, distributions
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?
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 ▶ \$ 7,500.
Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) 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 (see instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

THE GOVERNING BODY

MEMBERS OF THE VOLUNTEER FIRE DEPARTMENT

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.

2011
Open to Public Inspection

Name of the organization

NORTHFIELD FIRE DEPT RELIEF ASSOCIATION

NORTHFIELD FIRE DEPT RELIEF ASSOCIATION IS COMPRISED OF

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE MEMBERS OF

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS AFFECTING INVESTMENTS, BYLAWS, ETC ARE APPROVED BY THE MEMBERS

FORM 990, PART VI, SECTION B, LINE 11: 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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

50,381.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.