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Form 990-EZ

OMB No 1545-1150 2011

Open to Public

Department of the Treasury Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

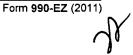
at the end of the year may use this form

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

Inspection

Α	For the	2011 calenda	ar year, or tax year beginning, 2011	, and ending	, 20				
В	Check if a	pplicable	C Name of organization			lentification number			
	Address c	hange	FIREMENS RELIEF ASSN OF MN MADELIA		41-602	7402			
	Name cha	nge	Number and street (or PO box, if mail is not delivered to street address)	Room/suite	E Telephone n	umber			
	Initial retui	m							
	Terminated	d	81563 HAMMOND HWY		(507) 3	86-0210			
	Amended	retum	City or town, state or country, and ZIP + 4	•	F Group Exem	·•			
_	Application		MADELIA, MN 56062		Number				
G	Accou	nting Method:	☐ Cash 🔀 Accrual Other (specify) ►	H	_	the organization is not			
1		te: ►N/A			required to attac				
			Situation of the state of the s	a)(1) or 527	(Form 990, 990-				
			rganization is not a section 509(a)(3) supporting organization or secti						
			O A Form 990-EZ or Form 990 return is not required though Form 9	90-N (e-postcard)	may be required (see instructions). But if			
	_		ses to file a return, be sure to file a complete return						
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,0						
			elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ						
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	alances (see the	e instructions for P	'art I.)			
			e organization used Schedule O to respond to any question in this P			<u>X</u>			
	1		s, gifts, grants, and similar amounts received			33,688			
	2		vice revenue including government fees and contracts			0220			
	3	Membership	dues and assessments	• • • • • • • • •		230			
	4	Investment i		1 1		6,524			
	5a		nt from sale of assets other than inventory		1,495				
	1		other basis and sales expenses	5b	1,393	-			
	c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) STMT101 5c 102							
R	6	Gaming and							
e	a	Gross incom	e from gaming (attach Schedule G if greater than	. 1					
e	ĺ			6a					
n u	b	Gross incom	ons in						
е			sing events reported on line 1) (attach Schedule G if the	1 1		*			
			gross income and contributions exceeds \$15,000)	6b	11,556				
			expenses from gaming and fundraising events	6c	6,435				
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b ar	id subtract		F 101			
		,			6d	5,121			
	1		of inventory, less returns and allowances	7a					
	1	Less cost of	•	7b					
	C	·•	or (loss) from sales of inventory (Subtract line 7b from line 7a)						
	8		e (describe in Schedule O)		<u>8</u>	45,665			
	9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1980 _2170 =1550,00 * 050.00 1980	10	43,003			
	10		imilar amounts paid (list in Schedule O)	-/ i 1 .V . h 1 . /	01 44	64,460			
E	11	-	to or for members	· · · · · · i	0	1 01,100			
х р е	12		er compensation, and employee benefits	·2 9 2012 1	(n) 12	2,390			
e n	13		leds and other payments to independent contractors		14				
S	14		rent, utilities, and maintenance	DEN. U.T.	15				
e s	15	5.1			—— · · · · · · · · · · · · · · · · · ·	4,021			
	16	-	ses (describe in Schedule O)		16 17	70,871			
	17		ses. Add lines 10 through 16		17	(25,206)			
Α	18		eficit) for the year (Subtract line 17 from line 9)	· · · · · · · · · · · · · · · · · · ·	• • • • •	1			
NS	19		fund balances at beginning of year (from line 27, column (A)) (must		19	287,514			
A Ns e e t t		•	gure reported on prior year's return)			(9,885)			
S	20	_	(• • • • • • • •	· · · · · · · · · · · · · · · · · · ·	252,423			
	1 21	net assets of	fund balances at end of year Combine lines 18 through 20		▶ 21	1 434,723			

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FORM 990-EZ (2011) FIREMENS RELIEF ASSN OF	MN MADELIA		41-	-6027	402 Page
Part II Balance Sheets. (see the instructions for Part II)					
Check if the organization used Schedule O to respon	d to any question in this	Part II			<u>X</u>
		(4	A) Beginning of year		(B) End of year
22 Cash, savings, and investments			286,488	22	252,540
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			1,398	24	18
25 Total assets			287,886	25	252,558
26 Total liabilities (describe in Schedule O)			372		135
27 Net assets or fund balances (line 27 of column (B) must agree			287,514	27	252,423
		otructions for D		121	Expenses
Rart III Statement of Program Service Accompl				,	•
Check if the organization used Schedule O to respon		Рап III	<u> </u>	⊣ `	quired for section
What is the organization's primary exempt purpose? RELIEF FO	R FIREFIGHTERS			l.	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	each of its three largest	program service	es,		anizations and sectio
as measured by expenses. In a clear and concise manner, describ			·	494	7(a)(1) trusts, optiona
persons benefited, and other relevant information for each program	ı tıtle			for o	others)
28 RELIEF RETIREMENT BENEFITS WERE PAID OUT	TO RETIRED				
VOLUNTARY FIREFIGHTERS					
(Grants \$) If this amount	includes foreign grants,	check here	▶□	28a	64,460
29				-	· ·
					
	includes foreign grants,	cneck nere	· · · · · · · · ·	29a	
30				}	1
				ļ	
(Grants \$) If this amount	includes foreign grants,	check here	<u></u> ▶ □	30a	
Other program services (describe in Schedule O)					
(Grants \$) If this amount	includes foreign grants,	check here	▶ □	31a	
Total program service expenses (add lines 28a through 31a)				32	64,460
Part IV List of Officers, Directors, Trustees, and Key Emp				structi	ons for Part IV)
Check if the organization used Schedule O to respon	_				
		(c) Reportable			<u></u>
(a) Name and address	(b) Title and average hours per week	compensation	` '		(e) Estimated amount of
(a) Name and address	devoted to position	(Form W-2/1099-M			other compensation
CHRIS CHAMPLIN	· · · · · · · · · · · · · · · · · · ·	(if not paid, enter	-0-) deferred compens	sation	
	PRESIDENT				•
31563 HAMMOND HWY, MADELIA MN 56062	2			<u> </u>	0
ADAM LAWRENCE	SECRETARY				_
L33 1ST STREET SE, MADELIA MN 56062	1			q	0
CHAD JACOBS	TREASURER				
30102 HAMMOND HIGHWAY, MADELIA MN 56062	2		q	þ	0
DANA MCCABE	TRUSTEE				
21 DILL AVENUE SW, MADELIA MN 56062	1		d	d	0
OAVID LEHMAN	TRUSTEE				
210 BUCK AVE NE, MADELIA MN 56062	1		d	d	0
IICHAEL DENN	TRUSTEE			\dashv	
	_		۵	٦	0
222 2ND STREET SW, MADELIA MN 56062	1			- 	
IARK DENN	TRUSTEE, CHIEF]	_
43 2ND STREET SE, APT 8, MADELIA MN 56062	2		<u> </u>	<u> </u>	0
		1	1		
		<u> </u>			

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Pa	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			<u>. 🗆</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		_X_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			l
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1 1		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	· . "	} <u>} </u>	* }
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	£	, ,	,
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	* 1	,	
39	Section 501(c)(7) organizations Enter		14. W	Ś.
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			1.469
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	100	ž 🛞	
	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A	AJ.		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	[
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			S 3
	organization managers or disqualified persons during the year under sections 4912,		La	1
	4955, and 4958			S. V
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization	F.W.5	1	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			- 3
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.	07-38	6-03	210
42 a	The digunizations books are in date or a second control of the con		0-02	
	Located de l' Claude III III III III III III III III III I			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	Г	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country	12 1 42	730	XX .
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	9.3		
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Sec. 3.5	X
·	If "Yes," enter the name of the foreign country:	1		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		. •	. [
	and enter the amount of tax-exempt interest received or accrued during the tax year	İ		
	and office the amount of the overline the control of the control o		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	*E-175	\$ 35.5°	. 3.
_ , ••	completed instead of Form 990-EZ	44a		X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			,
u	explanation in Schedule O	44d	** , v.	ļ
15 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		" 5" "	_ -
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		` ,*	ĺ
	Form 990-EZ (see instructions)	45b		X
	EEA	orm 99	0-FZ	

Form 990	-EZ (2011)	FIREMENS RELIEF	ASSN OF MN MADEI	.IA		41-6027	7402	F	² age 4
,					<u> </u>			Yes	No
46 Did	the organization enga	ige, directly or indirectly, i	n political campaign acti	vities on behalf of or in o	pposition		3 -		3 3
to c	andidates for public o	ffice? If "Yes," complete	Schedule C, Part I	<u></u> <u></u>			46		Х
Part VI	Section 501(c)(3) organizations a	nd section 4947(a)(1) nonexempt ch	aritable trus	ts only. A	II section	วท	
		nizations and section							
	and 52, and co	mplete the tables for	r lines 50 and 51.			•			
	Check if the or	ganization used Sch	edule O to respond	to any question in the	nis Part VI	<u> </u>			. 🗆
								Yes	No
47 Did	the organization enga	ge in lobbying activities o	r have a section 501(h)	election in effect during t	he tax				
year	r? If "Yes," complete S	Schedule C, Part II					47		
48 Is th	e organization a scho	ol as described in section	า 170(b)(1)(A)(แ)? I f "Yes	s," complete Schedule E			48		
49a Did	the organization make	e any transfers to an exer	npt non-charitable relate	d organization?			49a		
b If "Y	es," was the related o	rganization a section 527	organization?				49b		
50 Com	plete this table for the	e organization's five highe	est compensated employ	ees (other than officers,	directors, truste	es and key			
		eived more than \$100,00							
			(b) Title and average	(c) Reportable	(d) Health bene				
	(a) Name and address of		hours per week	compensation	contributions to en benefit plans, and o		e) Estimate		
	paid more than	\$100,000	devoted to position	(Forms W-2/1099-MISC)	compensation		other con	pensat	ion
			· · · · ·						
									
						1			
	·								
							•		
						j			
					-				
f Total	number of other emp	oloyees paid over \$100,00	00						
51 Com	plete this table for the	organization's five highe	st compensated indepe	ndent contractors who ex	ach received mo	re than			
\$100	, 0,000 of compensation	from the organization.	f there is none, enter "N	one "					
(a) Name			1400 000	(h) Tura of accura		(n). Co.			
(a) Name	and address or each indepe	ndent contractor paid more than \$	3100,000	(b) Type of service		(6)	mpensation) 	
									
						<u>.</u>	_		
_					.1				
							·		
d Total	number of other inde	pendent contractors each	receiving over \$100,00	0 ▶					
52 Did t	he organization comp	lete Schedule A? Note: A	All section 501(c)(3) orga	anizations and 4947(a)(1)				
none	xempt charitable trust	ts must attach a complete	ed Schedule A	· · · · · · · · · · · · · · · · · · ·		▶ [Yes	X	No
		ave examined this return, including				ief, it is			
true, correct, a	nd complete Declaration of	preparer (other than officer) is ba	sed on all information of which j	preparer has any knowledge					
	10011	- (Pil)					-		
	Mater	JAN_			8-13-	12			
Sign	Signature of officer				Date				
Here	CHRISTO	PHER L.C	HAMPLIN	PRESIDENT					
	Type or print name		7410 4				·		
	Print/Type preparer's na	ame Pr	eparer's signature	Date	Check	∏ if P1	TIN		
Paid	Melissa L Gr	ļ.	n.1. 4	7. .	•	ployed p	00323	75	
		M L GRAMS AND ASS	INCLUSE A CA	an 4th of	Firm's EIN				
Preparer		M L GRAMS AND ASS 628 FIRST AVENUE	OFTWIES WAY		FIMSEIN	·			
Use Only						EAT	-274-6	171	
May the 15th		WESTBROOK MN 5618			Phone no			_	
iviay ine IRS	o discuss this return v	vith the preparer shown a	bove / See instructions		· · · · · · · · ·		Yes Form 990	ㅡ	No 2011)
				EEA		Г	UIIII 391	J-E4 (∠∪!!)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organization	s Complete Part III	•		
	e of organization	S Complete Part III		Employer	identification number
	REMENS RELIEF ASSN OF MN MA	DELIA		41-602	7402
		ization is exempt under secti	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization				
2	Political expenditures				
3	Volunteer hours			<u> </u>	
Pa	_ ^	ization is exempt under secti			
1	Enter the amount of any excise tax incur				
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 495	-			
4a	Was a correction made?				. Yes No
	If "Yes," describe in Part IV.				<u> </u>
Pa		ization is exempt under secti		ept section 501(c)(3	3).
1	Enter the amount directly expended by t			. .	
	activities			▶ \$	
2	Enter the amount of the filing organization			. .	
	527 exempt function activities				
3	Total exempt function expenditures Add			. .	
	line 17b			•	. Yes No
4	Did the filing organization file Form 1120				• 🗀 • • • •
5	Enter the names, addresses and employ				
	organization made payments. For each of the amount of political contributions received				
	as a separate segregated fund or a polit				
	as a separate segregated fund of a point	I			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
4)					
5)					
6)					

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Sche	dule C (Form 990 or 990-EZ) 2011 FIREMENS RELI	EF ASSN OF M	N MADELIA		41-6027	/402 Page 2
Pá	art II-A. Complete if the organization	n is exempt ur	der section 501	(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
4	Check if the filing organization belongs to	o an affiliated group	o (and list in Part IV e	each affiliated group	member's	
	name, address, EIN, expenses, a	nd share of excess	s lobbying expenditur	es)		
3	Check if the filing organization checked t	oox A and "limited o	control" provisions ap	pply		
	Limits on Lob	bying Expenditure	es		(a) Filing	(b) Affiliated
	(The term "expenditures" r	neans amounts p	aid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public of	pinion (grass roots	lobbying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lo	obbying)			
C	Total lobbying expenditures (add lines 1a and 18	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount. Enter the amount	from the following	table in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amour	nt is :	· \$1.40 100 100 100 100 100 100 100 100 100 1	THE CANAL
	Not over \$500,000	20% of the ar	nount on line 1e			and the second
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		The state of the s
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000	19 30 more 19	在人类的一种
	Over \$17,000,000	\$1,000,000			Control of the	
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0				
i	Subtract line 1f from line 1c If zero or less, ente	er-0				
j	If there is an amount other than zero on either li	ne 1h or line 1i, dio	I the organization file	Form 4720		
-	reporting section 4911 tax for this year?			<u></u>	<u> </u>	Yes No
	(Some organizations that columns below	made a section 5 w. See the instruc	tions for lines 2a th	ot have to complete nrough 2f on page		4.0
	Lobby	ing Expenditures	During 4-Year Ave	raging Period	,	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					-
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures	·				
d	Grassroots nontaxable amount					

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

	Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	led F	orm	5768
~		1 (a)	(b)
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local	1.88		3047.4
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of.	100		
a				4
ь	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		
C	Media advertisements?	<u> </u>		
d	S shade at a see beautiful at the second sec			
e	• • • • • • • • • • • • • • • • • • • •	-		
f ~	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	,,,,,	<u> </u>		
i	Other activities?	55.	C(80 + At 1	
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ξ _χ ,		
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		F) 104	建筑的 是一个
d Bå	rt III; A: Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5) c		
ışa	501(c)(6).	,,,,,		
	We have all all (000)			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Da	Did the organization agree to carry over lobbying and political expenditures from the prior year?			
<u> </u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
•	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		i br	
-	political expenses for which the section 527(f) tax was paid).			
	Current year		2a	
2 a	Companyed from last uses		2b	
	Carryover from last year			
2 a	Total		2c	
a b c	Total			
2 a b c	Total		2c	
2 a b c	Total	••	2c	
2 a b c 3	Total		2c 3	
2 a b c 3 4	Total		2c 3	
2 a b c 3 4	Total		2c 3 4 5	
2 a b c 3 4	Total		2c 3 4 5	
2 a b c 3 4	Total		2c 3 4 5	
2 a b c 3 4	Total		2c 3 4 5	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

41-6027402 FIREMENS RELIEF ASSN OF MN MADELIA 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT MISCELLANEOUS 1,564 INCOME TAX WITHHELD 29 1,497 INVESTMENT MGMT FEES 161 **DUES** ADVERTISING 24 EQUIPMENT 846 VCP REFUND (100)02. Other changes in net assets or fund balances (Part I, line 20) AMOUNT DESCRIPTION DEPRECIATION IN FMV OF INVESTMENTS (9,885)03. Description of other assets (Part II, line 24) BEGINNING OF YEAR END OF YEAR CATEGORY 238 18 INTEREST RECEIVABLE 0 ACCOUNTS RECEIVABLE 1,160 04. Description of total liabilities (Part II, line 26) BEGINNING END OF YEAR CATEGORY OF YEAR 372 135 ACCOUNTS PAYABLE

Federal Supporting Statements 2011 pg 01 Employer identification Number FIREMENS RELIEF ASSN OF MN MADELIA 41-6027402

STATEMENT #101

FORM 990EZ, PART I, LINE 5(C)
GAIN(LOSS) FROM SALE OF PUBLIC SECURITIES SCHEDULE

GROSS SALES \$1,495
BASIS \$1,393
SALES EXPENSE \$
TOTAL NET \$102
