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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	For the	2014 calendar year, or tax year beginning and ending	_					
В	Check if applicable	C Name of organization TWO HARBORS VOLUNTEER FIREMEN'S	D Employer identific	cation number				
	Addre	S DELTER AGGOTANTON						
Ē	Name chang	Doing business as	41-6039747					
E	ireturn Final return/	Number and street (or P.O box if mail is not delivered to street address) 522 1ST AVE	E Telephone number 218-834-3136					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	72,291.				
	Ameno	IWO HARBORS, MN 55010	H(a) is this a group re					
	Applic	IF Name and address of principal officer GREG SWANDON	for subordinates	? Yes X No				
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No				
1.7	Tax-exe	empt status 501(c)(3) _X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 52	7 If "No," attach a	list. (see instructions)				
		e: ▶ N/A	H(c) Group exemptio	n number 🕨				
<u>K F</u>	orm of	organization: X Corporation	r of formation: 1936 N	A State of legal domicile; MN				
Pa	art I	Summary						
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVID	E BENEFITS T	O MEMBERS.				
rua	2	Check this box I if the organization discontinued its operations or disposed of more	re than 25% of its net as	ssets.				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)	3	9				
<u>ن</u> مع	4	Number of independent voting members of the governing body (Part $\sqrt[4]{1}$, line $1\frac{6}{2}$) $\sqrt[6]{1}$]90 4	4				
es	1	Total number of individuals employed in calendar year 2014 (Part V, Iir	5	0				
, iţ	6	Total number of volunteers (estimate if necessary)	AVW S 6	24				
Cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	ගි 7a	382.				
. •	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
		' UI/IP	Prior Year	Current Year				
Ð	8	Contributions and grants (Part VIII, line 1h)	54,554.	52,816.				
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10.	15.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,773.	4,677.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,337.	57,508.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,293.	3,140.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,000.	1,100.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
ğ	Ь	Total fundraising expenses (Part IX, column (D), line 25)						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,942.	5,868.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,235.	10,108.				
		Revenue less expenses. Subtract line 18 from line 12	51,102.	47,400.				
ts or		В	eginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)	707,632.	798,956.				
Net Asset Fund Balai	21	Total liabilities (Part X, line 26)	10,000.	10,000.				
		Net assets or fund balances. Subtract line 21 from line 20	697,632.	788,956.				
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and states		y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge.					
		Sut 16	<u> </u>	<u> 13-15 </u>				
Sig	n	Signature of officer (Date					
Her	e	SCOTT LIBEL, TREASURER Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Paid	d		05/11/15 self-employ	P01261411				
	parer	Firm's name KERN, DEWENTER, VIERE, LTD.	Firm's EIN	41-1431613				
	Only	Firm's address 220 PARK AVE S						
	-	ST CLOUD, MN 56301	Phone no. 3 2	0-251-7010				
May	May the IRS discuss this return with the preparer shown above? (see instructions)							

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

	1990 (2014) RELIEF ASSOCIATION	41-603974	/ Page 2
Pai	rt III Statement of Program Service Accomplishments		L
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission MUE DIDDOCE OF MUE MWO HADDOC VOLUMMEED EXDEMEN'S DELTE	E ACCOCTA	DT ON
	THE PURPOSE OF THE TWO HARBORS VOLUNTEER FIREMEN'S RELIE IS TO PROVIDE BENEFEITS TO MEMBERS.	r ASSOCIA	LION
	15 TO PROVIDE BENEFELLS TO MEMBERS.		
		-	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	ΧY	es No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ Y	es X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expense	es, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 3,140. Including grants of \$ 3,140.) (Revenue)
	TO PROVIDE BENEFITS UPON SICKNESS, DISABILITY, AND RETIR	EMENT. TI	HERE
	ARE CURRENTLY 24 ACTIVE MEMBERS.		
			<u> </u>
			
		· · · ·	
			-
		-	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
		·	
4c	(Code) (Expenses \$		
-10	/code / (Expenses \$ / (Revenue		
		<u> </u>	
4d	, -		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,140.		
	_	Forr	n 990 (2014)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the ofganization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ł	
	public office? If "Yes," complete Schedule C, Part I	3		X
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		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	-
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	_	X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			^
Ŭ	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			İ
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40.	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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		<u>X</u>
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		<u> X</u>
20a	• • • • • • • • • • • • • • • • • • • •	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990 /	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			i
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ļ		
	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 25a	24a		X
	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?	04-		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200_		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
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_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05-	Part V, line 1	_34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥٠:		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	00		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
.,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> X</u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
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Part V Statements Regarding Other IRS Filings and Tax Compliance

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	Check if Schedule O contains a response or note to any line in this Part V						
	•		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
4a	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 in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country ▶						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does 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 as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		<u>X</u>			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37			
	to file Form 8282?	7c		<u>X</u>			
	If "Yes," indicate the number of Forms 8282 filed during the year 2d 7d	_	'	v			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h					
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711					
0	sponsoring organizations maintaining donor advised funds. Sid a donor advised fund maintained by the	8					
9	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>			
		Form	nop.	/2014\			

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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 or note to any line in this Part VI			X	
Sec	tion 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	4			
	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 1b 4				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2_		<u>X</u>	
3	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		<u> </u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>	
6	Did the organization have members or stockholders?	6	X		
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?	7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	X		
þ	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7,7		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		3.7		
	In Schedule O how this was done	12c	_X		
13	Did the organization have a written whistleblower policy?	13		_X_	
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
a	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>	
D	Other officers or key employees of the organization	15b			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		v	
	taxable entity during the year?	16a		<u> </u>	
D	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?	406			
Sac	tion C. Disclosure	_16b			
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah			
10	for public inspection. Indicate how you made these available. Check all that apply	avallaD	10		
	Own website Another's website X Upon request Other (explain in Schedule O)				
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial		
19	statements available to the public during the tax year.	าแเสน	CIdi		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
20	THE ORGANIZATION - 218-834-3136				
	522 1ST AVE, TWO HARBORS, MN 55616				

Form 990 (2014) RELIEF ASSOCIATION

41-6039747

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

Check if Schedule O contains a response or note to any line 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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GREG SWANSON	0.00					ļ		_	_	_
PRESIDENT		X		X	<u> </u>	<u> </u>		0.	0.	0.
(2) JEFF NORDEAN	0.00									
VICE PRESIDENT	1 00	X		Х	_	-		0.	0.	0.
(3) LARRY CARLSON	1.00	٠,,						500	_	•
SECRETARY	1 00	X	-	Х				500.	0.	0.
(4) SCOTT LIBAL	1.00	₩.		х		1		600	•	_
TREASURER	0.00	X		^		-		600.	0.	0.
(5) ALEX MCGRATH	0.00	X						0.	0.	0
TRUSTEE (6) MIKE ROUSSEAU	0.00	^	-	_	 	 		0.		0.
TRUSTEE	0.00	X						0.	0.	0.
(7) MARK SCHLANGEN	0.00	1			 	├─		- 0.	<u> </u>	<u> </u>
FIRE CHIEF	0.00	x			ĺ			0.	0.	0.
(8) RANDY BOLEN	0.00					T-				
MAYOR		X			ŀ			0.	0.	0.
(9) DAN WALKER	0.00									
CITY ADMINISTRATOR		X				1		0.	0.	0.
(10) LEE KLEIN	0.00									
CITY ADMINISTRATOR (PARTIAL YEAR)		X						0.	0.	0.
			_							
		-	-							
		-				-				<u>-</u>
		\vdash			ļ					
	 	<u> </u>	<u> </u>			\vdash			<u> </u>	
		1				l				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D) (E)				(F)	
	Name and title	Average hours per		not c	heck		than		Reportable	Reportable		1	stimate	
		week					is bot or/trus		compensation compensation from related		1	l a	mount other	
		(list any	icto						the	organizations	ا ن	con	npensa	
		hours for	ă	يو			ated	İ	organization	(W-2/1099-MIS	C)	1	from th	e
	-	related organizations	ustee	Truste		 E	npens		(W-2/1099-MISC)			1 '	ganızat	
		below	individual trustee or director	Institutional trustee	_	Key employee	st con	<u></u>				l	nd relat janizati	
		line)	thdiv	Insti	Officer	Key	Highest compensated employee	Former						••
				_				<u> </u>				<u> </u>		
				İ				ľ						
				_	ļ	├								
			1											
			ļ	-						-		ļ <u>.</u>		
												<u> </u>		
										**				
			ļ				┝							
		<u> </u>												
							┢							
1b	Sub-total					1	<u> </u>	•	1,100.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A						•	0.		Ō.			0.
d	Total (add lines 1b and 1c)							▶_	1,100.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wł	o re	eceived more than \$100	,000 of reportable	1			
	compensation from the organization									<u> </u>				0
_	Doldha an an an an an an										1		Yes	No
3	Did the organization list any former officer,		istee	e, ke	y en	npic	yee,	or	highest compensated ei	mployee on		_		
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		e cc	mn	anes	ation	n and	t oth	her compensation from	the organization		3_		X
•	and related organizations greater than \$150									ine organization		4		Х
5	Did any person listed on line 1a receive or a									dual for services		 -		
	rendered to the organization? If "Yes," com					_						5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ens	ation	from	
-	the organization Report compensation for	the calendar y	ear e	endı	ng v	vith	or w	ithin	the organization's tax	<u>rear</u>				
	(A) Name and business	address	BT/	\\TT					(B) Description of s	envices	_		C) ensatio	'n
	, value and business		INC	ONE	<u>.</u>			\dashv	- Description of s	CIVICES		Ompe		''
								寸	·					
								\perp						_
								4						
	Total number of independent contractors (i	ncluding but a	Ot lie	mito	d to	the	ee lie	,te4	l ahove) who received	ore than				
~	\$100,000 of compensation from the organic		J. 111			(3 0 118	, lou	above, who received in	ore triall				
														

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Form 990 (2014) RELIEF ASSOCIATION
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
				-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					012 014
iran	b		1b	1,775.				
9,E		Fundraising events	1c					
a it		Related organizations	1d					
S,E		Government grants (contribut		50,516.				
P S S		All other contributions, gifts, gran]		
E E		similar amounts not included abo		525.				
ĒÓ	a	Noncash contributions included in lines		<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		<u> </u>	52,816.			
	•			Business Code				
e l	2 a							
ه چ	b							
SE	С							
eve	d			1				
Program Service Revenue	е							
۴	f	All other program service reve	enue					
	g	Total, Add lines 2a-2f		>			_	
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	15.			15.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	þ	Less rental expenses						
		Rental income or (loss)	L.,	<u> </u>				
		Net rental income or (loss)		•				<u> </u>
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)		<u> </u>				
		Net gain or (loss)		<u> </u>				<u> </u>
ine	ва	Gross income from fundraisin	•					
Other Revenue		including \$						
R		contributions reported on line	·	19,460.				
her	L	Part IV, line 18 Less direct expenses	а	4 4 9 9 9				
ŏ		Net income or (loss) from fund	b draugung ayanta	14,303.	5,097.		202	4 715
		Gross income from gaming ac	-		3,031.		382.	4,715.
	9 a	Part IV, line 19						
İ	h	Less direct expenses	a b					
		Net income or (loss) from gam						
		Gross sales of inventory, less	-			-		
		and allowances	а					
	b	Less. cost of goods sold	b	420.				
		Net income or (loss) from sale		<u> </u>	-420.	-420.		
Ì		Miscellaneous Revenu		Business Code	2201	1201		<u> </u>
	11 a							
	b						 	
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d	•	. ▶				
	12	Total revenue See instructions.			57,508.	-420.	382.	
432001	14							Form 990 (2014)

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Form 990 (2014) RELIEF ASSOCIATION
Part IX Statement of Functional Expenses

<i>3</i> 001	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			ompiete column (A)	
	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 domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				<u>-</u>
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				,,
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	3,140.	3,140.		
4	Benefits paid to or for members		-2		
5	Compensation of current officers, directors,				
	trustees, and key employees				-
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		!		
	persons described in section 4958(c)(3)(B)	1,100.		1,100.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal	F C00		F 600	
	Accounting	5,600.		5,600.	· · · · · · · · · · · · · · · · · · ·
	Lobbying Professional fundamenta converse. See Port IV. June 17			 -	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				-
y	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion		· · · · · ·		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	, , , , , , , , , , , , , , , , , , , 			
18	Payments of travel or entertainment expenses				· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	268.		268.	
ь			,	200.	
c					
ď					·
е	All other expenses				
25_	Total functional expenses Add lines 1 through 24e	10,108.	3,140.	6,968.	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)				

Form 990 (2014)

RELIEF ASSOCIATION

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 21,663. 83,209. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 14,946. 800. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 671,023. 714,947. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 707,632 798,956. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 10,000. 10,000. 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 Schedule D 25 10,000. 10,000. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 0. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0. 697,632. Retained earnings, endowment, accumulated income, or other funds 32 788,956. 697,632 33 Total net assets or fund balances 788,956. 33 Total liabilities and net assets/fund balances 707,632 798,956.

Form 990 (2014)

Form	990 (2014) RELIEF ASSOCIATION	41-6	039747	Pag	_{je} 12		
Pa	rt XI Reconciliation of Net Assets	•					
	Check if Schedule O contains a response or note to any line in this Part XI						
	•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	57	7,5	08.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10),1	08.		
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	697	7,6	<u>32.</u>		
5	Net unrealized gains (losses) on investments	5	43	3,9	24.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	788	3,9	<u>56.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,					
	consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	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 Sch	edule O					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		- 1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form 9	9 90 (2014)		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Contract Cod (a)(4) (5) and (6) and (7)	On analysis Do A III			
● Section 501(c)(4), (5), or (6) organization	BORS VOLUNTEER F	TDEMENT'C	Fmol	oyer identification number
	ASSOCIATION	IKEMEN 5	- Links	41-6039747
Part I-A Complete if the org	anization is exempt und	ler section 501(c	or is a section 527 o	rganization.
				- g
1 Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	ın Part IV	
2 Political expenditures		,	▶ \$	
3 Volunteer hours				
Part I-B Complete if the org	anization is exempt und	ler section 501(c		
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	> \$	
2 Enter the amount of any excise tax			5 ▶\$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				└── Yes
b If "Yes," describe in Part IV Part I-C Complete if the org	anization is exempt und	er section 501/c	except section 5010	(c)(3)
L				
1 Enter the amount directly expended2 Enter the amount of the filing organ	, ,	•		·
exempt function activities	zation's funds contributed to of	ner organizations for s	► \$	
3 Total exempt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-POI	·	
line 17b				
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en		N) of all section 527 p	olitical organizations to whic	
made payments For each organiza	tion listed, enter the amount pai	d from the filing organ	ızatıon's funds Also enter th	ne amount of political
contributions received that were pro				ite segregated fund or a
political action committee (PAC) If	additional space is needed, prov	/ide information in Par	t IV	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds if none, enter 0-	contributions received and promptly and directly
			idida il lione, enter o	delivered to a separate
				political organization. If none, enter -0-
				it florie, effet o
				
			· · · · · · · · · · · · · · · · · · ·	

Schedule C (Form 990 or 990 EZ) 2014 Part II-A Complete if the organization	RELIE panization	F ASSO	CIATION not under section	on 501(c)(3) and file	41 - 0 ed Form 5768 <i>(</i>	5039747 Page 2 election under
section 501(h)).	J	0.00		30 1(0)(0) and me		
	ation belon	gs to an affi	liated group (and list i	n Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and sha	re of exces	ss lobbying (expenditures)			
B Check 🏲 🔛 if the filing organiza	ation check	ed box A ar	nd "limited control" pr	ovisions apply		
		bying Expei leans amou	nditures ints paid or incurred.	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence pub	ilic opinion (grass roots lobbying)			
b Total lobbying expenditures to infl	luence a le	gislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add	lines 1a an	d 1b)				
d Other exempt purpose expenditur		•		Ţ		
e Total exempt purpose expenditure		s 1c and 1c	1)	Ī		
f Lobbying nontaxable amount Ent			•	th columns		
If the amount on line 1e, column (a)			bying nontaxable am		 -	
Not over \$500,000	1-/ 1-1		the amount on line 1e			
Over \$500,000 but not over \$1,00	0.000	*****	0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17			0 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000.0		υσου, στου στι, στι, στι, στι, στι, στι, στι, στι,		
[270, \$1, 3000,000		Ψ1,000,0	<u> </u>			
g Grassroots nontaxable amount (e	nter 25% o	of line 1ft				-
h Subtract line 1g from line 1a If ze				ŀ		
i Subtract line 1f from line 1c If zer	-			<u> </u>		
If there is an amount other than ze			line 11 did the organia	L zation file Form 4720		
reporting section 4911 tax for this		a mie iii Ul	mio ir, ala trie organiz	Lanon nic i onn 4720		Yes No
reporting section 4511 tax for this	year '	4-Veer Aug	eraging Period Under	r section 501/h)		
(Some organizations t		a section 5		have to complete all c	of the five columns	below.
	Lobl	oying Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount				†		
(150% of line 2a, column(e))						
c Total lobbying expenditures	_					
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
4 Grassroots labbuing expenditures						

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 RELIEF ASSOCIATION 41-6039747 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 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)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 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)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	e)(5), or se		
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art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se		
501(c)(6).		ction	
		Yes	1
Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X	
Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		
answered "Yes." 1 Dues, assessments and similar amounts from members	1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
a Current year	2a		
b Carryover from last year	2b		
c Total	2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
	3		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3		
•	3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	4 5		

SCHEDULE D

Department of the Treasury

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

TWO HARBORS VOLUNTEER FIREMEN'S

RELIEF ASSOCIATION

Employer identification number 41-6039747

Pai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		is or Accounts. Complete if the
	organization answered Tes TOT Offit 950, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(0)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	viting that the assets held in donor adv	leed funds
•	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad	5	
·	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?	donor advisor, or for any other purpos	Yes No
Pai		anization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organization		, alterial mon
•	Preservation of land for public use (e.g., recreation or ed	· · · · · · · · · · · · · · · · · · ·	storically important land area
	Protection of natural habitat	. —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d		• •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	
	year▶	. 5	3 J
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	•
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements durin	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections of	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi	bition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edit	ucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treat	sures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X	•	> \$

		ASSOCIATIO		4 1 T					39747		ige 2
			•								
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following that are	a sign	ııficant	use of its	collection	items	3
	(check all that apply)										
а	Public exhibition	C	, <u> </u>	Loan or exc	hange programs						
b	Scholarly research	•	• 📖	Other	_						
С	Preservation for future generations										
4	Provide a description of the organization's continuous	ollections and expla	ın how tl	ney further t	he organization's	exemp	t purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	isures, or other si	mılar as	ssets				
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered "Yes	" to Fo	rm 990), Part IV, I	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other assets	not inc	cluded				
	on Form 990, Part X?										
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table [.]							
									Amount		
С	Beginning balance						1c				
ď	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial account	liability	?		Yes		No
b	If "Yes," explain the arrangement in Part XIII										<u> </u>
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part IV, I	ne 10					
		(a) Current year	(b) F	rior year	(c) Two years ba	ck (d)	Three	ears back	(e) Four y	ears t	oack_
1a	Beginning of year balance				•						
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		<u></u>								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	and administered	for the	organi	zation	,		
	by									'es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organization:	s listed as required o	on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	<u>d "Yes" to Form 990</u>), Part IV	, line 11a S	See Form 990, Pai	t X, line	€ 10				
	Description of property	(a) Cost or o			1 .	c) Accı		I .	(d) Book	value	ŧ
		basis (investi	ment)	basis	(other)	depre	ciation				
1a	Land				_						
b	Buildings										
С	Leasehold improvements										
đ	Equipment										
	Other									_	
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c)			▶			0.

Schedule D (Form 990) 2014 RELIEF ASSOCIATION 41-6039747 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests Other (A) STATE BOARD OF 714.947. INVESTMENTS END-OF-YEAR MARKET VALUE (B) (C) (D) (E) (F) (G) (H) 714,947. Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2)(3)(4) (5) (6) (7)(8) (9)Total (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2)(3) (4)(5) (6)(7) (8)(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4)(5)(6)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

(7) (8) (9)

PART	XII,	LINE	2D	_	OTHER	ADJUSTMENTS:

FUNDRAISING EXPENSE NET WITH REVENUE 14,363.

APPAREL EXPENSE NET WITH REVENUE 420.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 14,783.

	TWO HARBORS VOLU	NTEER FIREMEN'S					
Schedule D (Form 990) 2014 Part XIII Supplemental Inform	RELIEF ASSOCIATI	ON	41-6039747	Page 5			
Part XIII Supplemental Infor	nation (continued)						
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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

lule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

2014

Open to Public Inspection

Name of the organization TWO HARBORS VOLUNTEER FIREMEN'S RELIEF ASSOCIATION						Employer identification number 41-6039747		
Part Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not								
required to complete this part Indicate whether the organization rais Mail solicitations Internet and email solicitations In-person solicitations In-person solicitations a Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	sed funds through any of the following Solicitations of Solicitations of Solicitations of Special Special Special Part VII) or entity in connection with providuals or entities (fundraisers) purs	tion of tion of fundra (includer	non-g gover alsing o ding o lonal f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	☐☐ Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	trol of	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			.,	-	
	10.1							
		-				 		
		-			-			
								
			1				<u> </u>	
		!						
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	L. trong	or has been potified	d 1t 10	avament from re	austration .	
or licensing.			utions	S OF FIRST DEET FIOLITIES	J IL 15	exempt from re		
								
		- .		-	_			
	· · · · · · · · · · · · · · · · · · ·							

Schedule G (Form 990 or 990-EZ) 2014 RELIEF ASSOCIATION

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 PANCAKE 3 CALENDAR col (c)) (event type) (event type) (total number) Revenue 6,000 10,185 Gross receipts 16,185. 2 Less Contributions 6,000. 10,185. Gross income (line 1 minus line 2) 16,185. 4 Cash prizes Noncash prizes 6 Rent/facility costs Food and beverages 8 Entertainment 9 Other direct expenses 3,453. 5,120. 5.790 14,363. 14,363. 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) 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) Puli tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain

41-6039747 Page 2

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2014 RELIEF ASSOCIATION	<u>41-6</u>	<u> 5039747</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
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?		Yes	□ No
12	Indicate the percentage of gaming activity conducted in:		163	110
			الما	07
	The organization's facility		13a	%
	o An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	is		
	Name >			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt		
	of gaming revenue retained by the third party > \$			
_	s If "Yes," enter name and address of the third party			
·	, in 165, effect hame and address of the time party			
	Name			
	Address ►			
16	Gaming manager information			
	Name			
	Gaming manager compensation ▶ \$			
	<u> </u>			
	Description of services provided			
			•	
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
	- · ·	a +ba		
10	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	ntne		
<u></u>	organization's own exempt activities during the tax year > \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	art III, lı	ines 9, 9b, 10)b, 15b, ———
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TWO HARBORS VOLUNTEER FIREMEN'S Schedule G (Form 990 or 990-EZ) RELIEF ASSOCIATION Part IV Supplemental Information (continued) 41-6039747 Page 4

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

TWO HARBORS VOLUNTEER FIREMEN'S RELIEF ASSOCIATION

Employer identification number 41-6039747

FORM 990, PART VI, SECTION A, LINE 6:
TO BECOME A MEMBER OF THE RELIEF ASSOCIATION THE MEMBER MUST BE IN REGULAR
GOOD STANDING WITH THE TWO HARBORS FIRE DEPARMENT. ANYONE ACTIVELY SERVING
ON THE TWO HARBORS FIRE DEPARTMENT SHALL BE DEEMED ACTIVE MEMEBERS OF THE
FIRE RELIEF ASSOCIATION.
FORM 990, PART VI, SECTION A, LINE 7A:
THE OFFICERS ARE ELECTED BY THE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
MEMBERS VOTE TO APPROVE CHANGES TO THE BYLAWS.
FORM 990, PART VI, SECTION B, LINE 11:
THE TREASURER REVIEWS THE 990 BEFORE FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
STATEMENTS OF ECONOMIC INTEREST ARE FILED ANNUALLY AS REQUIRED BY LAW
FORM 990, PART VI, SECTION B, LINE 15B:
AN AMOUNT OF COMPENSATION FOR THE SECRETARY AND TREASURER IS RECOMMENDED
BY THE BOARD TO THE MEMBERSHIP AND APPROVED BY THE MEMBERSHIP AT THEIR
ANNUAL MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

		or 990-EZ) (2014)	·			Page 2
Name	of the organizat	on TWO HARBOI RELIEF AS	RS VOLUNTEER FI	REMEN'S		Employer identification number 41-6039747
FOR	м 990, Р	ART XII, LIN	E 2C:			
THE	EXECUTI	VE COMMITTEE	IS RESPONSIBLE	FOR THE	SELECTION	OF THE
IND	EPENDENT	ACCOUNTANT A	AND FOR THE OVE	RSIGHT O	THE AUDI	r
						
		 				
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