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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

2016

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016		, and ending 12-31-2016	
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization ST AUGUSTA FIREFIGHTERS RELIEF ASSOCIATION Number and street (or P O box, if mail is not delivered to street address) Room/suite 1914 250TH STREET	
		D Employer identification number 20-8648753	
		E Telephone number (320) 249-4343	
		F Group Exemption Number ►	

G Accounting Method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ►N/A**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 72,934****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 31,335
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 5,244
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 23,600
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 12,460
Expenses	c Less direct expenses from gaming and fundraising events	6c 13,795
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 22,265
	7a Gross sales of inventory, less returns and allowances	7a 253
	b Less cost of goods sold	7b 449
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c -196
	8 Other revenue (describe in Schedule O)	8 42
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 58,690
	10 Grants and similar amounts paid (list in Schedule O)	10 2,250
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 1,548
Net Assets	13 Professional fees and other payments to independent contractors	13 2,450
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 4,312
	17 Total expenses. Add lines 10 through 16 ►	17 10,560
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 48,130
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 209,860
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 6,205
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 264,195

Part II Balance Sheets (see the instructions for Part II)

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part I

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	60,704	22 74,958
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	149,156	24 189,237
25 Total assets	209,860	25 264,195
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	209,860	27 264,195

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

THE PURPOSE OF THE ST AUGUSTA FIREFIGHTERS RELIEF ASSOCIATION IS TO PROVIDE RETIREMENT RELIEF AND OTHER BENEFITS TO ITS MEMBERS AND DEPENDENTS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here . . . ►

28

29

(Grants \$)

If this amount includes foreign grants, check here . . . ►

1

30

(Grants \$)

If this amount includes foreign grants, check here . . . ►

1

31

(Grants \$) If this amount includes foreign grants, check here . . . ► **31a**
32 Total program service expenses (add lines 28a through 31a) ► **32** 4,697

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

4,697

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ADAM SANDHURST PRESIDENT	1 00	100	0	0
RICK SCHULTZ VICE PRESIDENT	1 00	100	0	0
LAUREN STANG SECRETARY	1 00	599	0	0
DUANE STANG TREASURER	1 00	599	0	0
STEVE SCHLUETER TRUSTEE	1 00	100	0	0
BOB KROLL MAYOR	1 00	0	0	0
BILL MCCABE CITY ADMINISTRATOR	1 00	0	0	0
MIKE TABATT FIRE CHIEF	1 00	0	0	0

Part 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

- 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
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
- 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
- c 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
- 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
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0
- b Did the organization file **Form 1120-POL** for this year?
- 38a 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?
- b If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**
- 39 Section 501(c)(7) organizations Enter
- a Initiation fees and capital contributions included on line 9
- b Gross receipts, included on line 9, for public use of club facilities ► **39a** **39b**
- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____
- b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
- c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **40b** 0
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► **40c** 0
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ► **40e** 0
- 41 List the states with which a copy of this return is filed ► _____
- 42a The organization's books are in care of ► THE ORGANIZATION Telephone no ► (320) 249-4343
Located at ► 1914 250TH STREET ST AUGUSTA, MN ZIP + 4 ► 56301
- b 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)?
- If "Yes," enter the name of the foreign country ► _____
- See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**
- c At any time during the calendar year, did the organization maintain an office outside the U.S.?
- If "Yes," enter the name of the foreign country ► _____
- 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 ► **43**
- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- c Did the organization receive any payments for indoor tanning services during the year?
- d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a		
37b		
38a		No
38b		
40b		No
40c		0
40e		No
42b		
42c		No
44a		No
44b		No
44c		No
44d		
45a		No
45b		

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ST AUGUSTA FIREFIGHTERS RELIEF ASSOCIATION

Employer identification number

20-8648753

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

		(a) Event #1 CALENDAR (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	11,750			11,750
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	11,750			11,750
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,978			5,978
	10 Direct expense summary Add lines 4 through 9 in column (d)				► 5,978
	11 Net income summary Subtract line 10 from line 3, column (d)				► 5,772

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			23,600	23,600
	2 Cash prizes				
	3 Noncash prizes			7,499	7,499
	4 Rent/facility costs				
	5 Other direct expenses			318	318
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► 7,817
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				► 15,783

9 Enter the state(s) in which the organization conducts gaming activities MN

Yes No

a Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If "Yes," explain _____

11	Does the organization conduct gaming activities with nonmembers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13	Indicate the percentage of gaming activity conducted in		
a	The organization's facility	13a	%
b	An outside facility	13b	100 000 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
<p>Name ► DUANE STANG</p> <hr/> <p>Address ► 24186 67TH AVENUE ST AUGUSTA, MN 56301</p> <hr/>			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address of the third party		
<p>Name ►</p> <hr/> <p>Address ►</p> <hr/>			
16	Gaming manager information		
<p>Name ►</p> <hr/> <p>Gaming manager compensation ► \$ _____</p> <hr/> <p>Description of services provided ►</p> <hr/>			
<p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

ST AUGUSTA FIREFIGHTERS RELIEF
ASSOCIATION**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.**2016****Open to Public
Inspection****Employer identification number**

20-8648753

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 5,244

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 253 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 449 GROSS PROFIT -196 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 0 COST OF LABOR 0 MATERIALS AND SUPPLIES 449 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 449

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 42

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME DUANE STANG DATE OF GIFT 12/07/16 AMOUNT GIVEN 2,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME TROY AND LEIZEL CARLSON DATE OF GIFT 12/19/16 AMOUNT GIVEN 250 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSE AMOUNT 436 DESCRIPTION EQUIPMENT AMOUNT 1,059 DESCRIPTION MISCELLANEOUS AMOUNT 550 DESCRIPTION CHRISTMAS PARTY AMOUNT 899 DESCRIPTION INVESTMENT EXPENSES AMOUNT 1,368 TOTAL TO FORM 990-EZ, LINE 16 4,312

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED APPRECIATION IN INVESTMENTS AMOUNT 6,205

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVESTMENTS BEG OF YEAR AMOUNT 149,156 END OF YEAR AMOUNT 189,237