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POSSIBLE DUPLICATE

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2005**Open to Public Inspection**

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

A For the 2005 calendar year, or tax year beginning

06/01/2005

, and ending

05/31/2006

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL #1339

D Employer identification number

06-6069176

Number and street (or P O box if mail is not delivered to street address)

Room/suite

E Telephone number

30 WEST MAIN STREET

City or town

State or country

ZIP + 4

WATERBURY

CT

06702

F Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No**I** Group Exemption Number ▶ 0610**M** Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G Website:** ▶ www.waterburyfire.org**J Organization type** (check only one) ▶ ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 266,227**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)****1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**1a** 0**b** Indirect public support**1b** 0**c** Government contributions (grants)**1c** 0**d** Total (add lines 1a, 1b, and 1c) 0 noncash \$ 0)**1d** 0**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 0**3** Membership dues and assessments**3** 225,073**4** Interest on savings and temporary cash investments**4** 6,366**5** Dividends and interest from securities**5** 0**6 a** Gross rents**6a** 0**b** Less: rental expenses**6b** 0**c** Net rental income or (loss) (subtract line 6b from line 6a)**6c** 0**7** Other investment income (describe ▶)**7** 0**8 a** Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a 0**b** Less: cost or other basis and sales expenses**8b** 0**c** Gain or (loss) (attach schedule)**8c** 0**d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d** 0**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ 0 of contributions reported on line 1a)**9a** 34,788**b** Less: direct expenses other than fundraising expenses**9b** 0**c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c** 34,788**10 a** Gross sales of inventory, less returns and allowances**10a** 0**b** Less: cost of goods sold**10b** 0**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c** 0**11** Other revenue (from Part VII, line 103)**11** 0**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 266,227

Revenue

13 Program services (from line 44, column (B))**13** 71,926**14** Management and general (from line 44, column (C))**14** 116,571**15** Fundraising (from line 44, column (D))**15** 0**16** Payments to affiliates (attach schedule)**16** 63,549**17** Total expenses (add lines 16 and 44, column (A))**17** 252,046

Expenses

18 Excess or (deficit) for the year (subtract line 17 from line 12)**18** 14,181**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 317,074**20** Other changes in net assets or fund balances (attach explanation)**20** 0**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** 331,255For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990** (2005)

P 13

SCANNED MAY 08 2012

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>)					
	If this amount includes foreign grants, check here <input type="checkbox"/>	22	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc.	25	24,500	24,500		
26	Other salaries and wages	26	0			
27	Pension plan contributions	27	0			
28	Other employee benefits	28	0			
29	Payroll taxes	29	1,624	1,624		
30	Professional fundraising fees	30	0			
31	Accounting fees	31	0			
32	Legal fees	32	30,123	30,123		
33	Supplies	33	7,031	7,031		
34	Telephone	34	3,248	3,248		
35	Postage and shipping	35	0			
36	Occupancy	36	11,291	11,291		
37	Equipment rental and maintenance	37	10,657	10,657		
38	Printing and publications	38	0			
39	Travel	39	12,813	12,813		
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	21,650	21,650		
42	Depreciation, depletion, etc. (attach schedule)	42	6,644	0	6,644	
43	Other expenses not covered above (itemize):					
a	PAYMENT TO MDA	43a	34,788	34,788	0	
b	SEE STATEMENT 3	43b	24,128	7,015	17,113	
c		43c	0	0	0	
d		43d	0	0	0	
e		43e	0	0	0	
f		43f	0	0	0	
g		43g	0	0	0	
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	188,497	71,926	116,571	0

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Program Service Expenses

(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

(Grants and allocations \$

_____) If this amount includes foreign grants, check here

68.494

b

(Grants and allocations \$

) If this amount includes foreign grants, check here

C

(Grants and allocations \$

_____) If this amount includes foreign grants, check here

d

(Grants and allocations \$

_____) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$

✓) If this amount includes foreign grants, check here

3,432

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

71,926

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45 Cash—non-interest-bearing		4,399	45	4,399
	46 Savings and temporary cash investments		282,841	46	268,820
	47 a Accounts receivable	47a	0		
	b Less: allowance for doubtful accounts	47b	0	47c	0
	48 a Pledges receivable	48a	0		
	b Less: allowance for doubtful accounts	48b	0	48c	0
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a	0		
	b Less: allowance for doubtful accounts	51b	0	51c	0
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a Investments—land, buildings, and equipment: basis	55a	0		
	b Less: accumulated depreciation (attach schedule)	55b	0	55c	0
56 Investments—other (attach schedule)		0	56	0	
57 a Land, buildings, and equipment: basis	57a	284,670			
b Less: accumulated depreciation (attach schedule)	57b	25,164	57c	259,506	
58 Other assets (describe <input type="checkbox"/> ESCROW ACCOUNT)		0	58	22,000	
59 Total assets (must equal line 74). Add lines 45 through 58		561,136	59	554,725	
Liabilities	60 Accounts payable and accrued expenses			60	
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b Mortgages and other notes payable (attach schedule)		244,062	64b	223,470
	65 Other liabilities (describe <input type="checkbox"/>)		0	65	0
66 Total liabilities. Add lines 60 through 65		244,062	66	223,470	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		317,074	67	331,255
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		317,074	73	331,255
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		561,136	74	554,725	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	266,227
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	266,227
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	0
	Add lines d1 and d2	d	0
e	Total revenue (Part I, line 12). Add lines c and d	e	266,227

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	252,046
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	252,046
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17). Add lines c and d	e	252,046

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name SEE STATEMENT Str	Title			
City ST ZIP	Hr/WK	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 4**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) **75b**

X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? **75c**

X

Note. Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy? **75d** X**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address			(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity **76**

X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? **77**

X

If "Yes," attach a conformed copy of the changes.

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **78a**

X

b If "Yes," has it filed a tax return on Form 990-T for this year? **78b** N/A**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement **79**

X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? **80a**

X

b If "Yes," enter the name of the organization and check whether it is ☐ exempt or ☐ nonexempt**81 a** Enter direct and indirect political expenditures. (See line 81 instructions.) **81a****b** Did the organization file Form 1120-POL for this year? **81b**

X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations.	a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f 0	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	X
86 501(c)(7) orgs.	Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs.	Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations.	Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b 501(c)(3) and 501(c)(4) orgs.	Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> CT		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	
91 a	The books are in care of <input type="checkbox"/> Name JAMES SANTA LUCIA Telephone no <input type="checkbox"/> (203) 574-5668 Located at <input type="checkbox"/> 30 WEST MAIN STREET City WATERBURY ST CT ZIP + 4 <input type="checkbox"/> 06702		
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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 N/A		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					225,073
95 Interest on savings and temporary cash investments			14	6,366	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	34,788	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		41,154	225,073
105 Total (add line 104, columns (B), (D), and (E))					266,227

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer <i>Patrick Crimmins</i>		Date 2/17/2012 Dup		
Paid Preparer's Use Only	Type or print name and title PATRICK CRIMMINS VICE PRESIDENT				
	Preparer's signature <i>John J. Mulhall, CPA</i>	Date 2/17/2012	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)	
	Firm's name (or yours if self-employed) JOHN J. MULHALL, CPA address, and ZIP + 4 P.O. BOX 9454, NEW HAVEN, CT 06534	EIN 06-1295165	Phone no (203) 729-6233		

Statement 1

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2006

Part I, Line 16 - Payments to Affiliates

International Association of Fire Fighters

1750 New York Avenue, NW

Washington, DC 2006

28,701

Connecticut AFL-CIO

56 Town Line Road

Rocky Hill, CT 06067

2,314

Uniformed Fire Fighters Association of Connecticut

30 Sherman Street

West Hartford, CT 06110-1915

32,534

63,549

Purpose of Payments:

The above payments represent membership dues paid to national and state affiliates, respectively.

Statement 3

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2006

Part II, Line 43c - Other Expenses

	<u>Total</u>	<u>Program</u>	<u>Management</u>
Contributions & Goodwill	3,583	3,583	
Insurance	2,359		2,359
Dues	205	205	
Public Relations	1,930	1,930	
Committee Expenses	1,297	1,297	
Property Tax	14,754	0	14,754
	<u>24,128</u>	<u>7,015</u>	<u>17,113</u>

Statement 4

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2006

Part IV, Line 57 - Land, Buildings & Equipment

	<u>05/31/05</u>	<u>05/31/06</u>
Buildings	272,704	265,758
Office Furniture & Equipment	18,912	18,912
Less: Accumulated Depreciation	<u>(18,520)</u>	<u>(25,164)</u>
Net Assets	<u>273,096</u>	<u>259,506</u>

Statement 5

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2006

Part V - Officer, Directors & Trustees

<u>Officer</u>	<u>Title</u>	<u>Salary</u>
Daniel French	President	8,000
Francis Walsh	VP	6,000
Albert Valerioti	Secretary	6,000
James Santa Lucia	Treasurer	4,500
		<u>24,500</u>

Statement 6

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2006

Part I - Line 9 Special Fundraising Events

	(A)		Total
GROSS RECEIPTS - Cash Collected	34,788	0	34,788
EXPENSES - Payment to MDA	<u>(34,788)</u>	0	<u>(34,788)</u>
NET INCOME (LOSS)	<u>0</u>	<u>0</u>	<u>0</u>

- (A) The fire fighters donate their time to collect contributions for the Muscular Dystrophy Association (MDA). Cash is collected and is then forwarded directly to MDA.

Statement 7

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2006

Part III - Statement of Program Service Accomplishments

A. Contributions & Goodwill - \$3,583

The Union provided contributions to civic and social organizations in the Greater Waterbury area.

B. MDA - \$34,788

Participated in the "Fill The Boot" campaign and collected funds for the Muscular Dystrophy Association.

C. Legal Fees - \$30,123

The Union represented its members in a lawsuit against the members' employer, the City of Waterbury, concerning unfair labor practices.

Statement 8

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2006

Part VII Relationship of Activities To The Accomplishment of Exempt Purposes

- 94 Membership Dues: Dues Collected To Provide The Financial Support
To File Grievances on Behalf of The Membership, Negotiate
Labor Contract With The Memberships' Employer, Organize
New Members, Promote Safety In The Workplace, and
Maintain Affiliation in State, Local and National Labor Organizations.

Statement 9

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2006

Part IV, Line 64B - Notes Payable

	<u>05/31/05</u>	<u>05/31/06</u>
Due To Waterbury Fire Fighters Credit Union	244,108	223,470
	<hr/>	<hr/>
Total Notes Payable	<u>244,108</u>	<u>223,470</u>