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POSSIBLE DUPLICATION

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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning **6/1/2008**, and ending **5/31/2009**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ 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

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
30 WEST MAIN STREET

City, town, or country State ZIP + 4
WATERBURY CT 06702

D Employer identification number
06-6069176

E Telephone number
(203) 910-6808

F Group Exemption Number **0610**

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: **▶ www.waterburyfire.org**

J Organization type (check only one) ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 259,538**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	39,220
	2	Proceeds from the sale of government securities and contracts	
	3	Membership dues and assessments	213,017
	4	Investment income	7,301
	5a	Gross amount from sale of assets other than inventory	0
	5b	Less: cost or other basis and sales expenses	0
	5c	Gain or loss from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	0
	6	Special events and activities (Complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	a	Gross revenue (not including \$ 37,210 of contributions reported on line 1)	0
Expenses	b	Less: direct expenses other than fundraising expenses	0
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	0
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less: cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
	8	Other revenue (describe ▶)	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	259,538
	10	Grants and similar amounts paid (attach schedule)	0
	11	Benefits paid to or for members	
Net Assets	12	Salaries, other compensation, and employee benefits	28,413
	13	Professional fees and other payments to independent contractors	7,607
	14	Occupancy, rent, utilities, and maintenance	16,536
	15	Printing, publications, postage, and shipping	
	16	Other expenses (describe ▶ See attached statement)	218,404
	17	Total expenses. Add lines 10 through 16	270,960
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-11,422
	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)	339,658
	20	Other changes in net assets or fund balances (attach explanation)	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	328,236	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22	295,277	259,733
23	217,344	223,645
24	22,000	22,000
25	534,621	505,378
26	194,963	177,142
27	339,658	328,236

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.
(HTA)

Form 990-EZ (2008)

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a 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?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a , section 4955 40a		
b Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I 40b		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed 41		
42 a The books are in care of 42a Name PATRICK CRIMMINS Telephone no. 42a (203) 574-5668 Located at 42a 30 WEST MAIN STREET City WATERBURY ST CT ZIP + 4 42a 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)? 42b		X
If "Yes," enter the name of the foreign country 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		X
49b		X

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of other employees paid over \$100,000 ▶	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____		<u>0</u>
Total number of other independent contractors each receiving over \$100,000 . ▶	<u>0</u>	<u>0</u>

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 Patrick Crimmins

Date 3/22/12

Type or print name and title PATRICK CRIMMINS Vice president

Paid
Preparer's
Use Only

Preparer's
signature

John Mulhall CPA

Date 3/22/2012

Check if
self-
employed ☒

Preparer's Identifying Number (See instructions)

046-50-0922

Firm's name (or yours
if self-employed),
address, and ZIP +4

JOHN MULHALL, CPA
P O BOX 9454, NEW HAVEN, CT 06534

EIN 06-1295165

Phone no (203) 729-6233

May the IRS discuss this return with the preparer shown above? See instructions .

☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL #1339

Employer identification number

06-6069176

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

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

CT

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>DYSTROPHY - FILL</u> (event type)	(b) Event #2 (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	37,210	0	0
	2 Less: Charitable contributions	37,210	0	0
	3 Gross revenue (line 1 minus line 2)	0	0	0
Direct Expenses	4 Cash prizes	0	0	0
	5 Non-cash prizes	0	0	0
	6 Rent/facility costs	0	0	0
	7 Other direct expenses	0	0	0
	8 Direct expense summary. Add lines 4 through 7 in column (d)			0
	9 Net income summary. Combine lines 3 and 8 in column (d)			0

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.

	(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				0
Direct Expenses	2 Cash prizes			0
	3 Non-cash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses			0
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				0
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				0

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," Explain: _____

	Yes	No
9a		
10a		
11		
12		

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

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in:

- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

- 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:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$0

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions.

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	2,010
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	37,210
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	39,220

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	7,301
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	7,301

Part I, Line 16 (990-EZ) - Other Expenses

218,404

1	Travel, Meals and Entertainment		
a	Travel	1a	10,660
b	Total meals and entertainment	1b	3,553
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	8,436
5	Depreciation, depletion, etc.	5	6,010
6	Equipment rental and maintenance	6	3,889
7	Interest	7	14,635
8	Supplies	8	4,937
9	Telephone	9	4,793
10	Unrelated business income taxes	10	0
11	INSURANCE	11	5,324
12	GOOD & WELFARE	12	9,685
13	NEGOTIATIONS	13	39,108
14	MEMBERSHIP DUES -AFFILIATES	14	50,331
15	DUES & SUBSCRIPTIONS	15	342
16	COMPUTER EXPENSES	16	3,921
17	PROPERTY TAXES	17	10,353
18	ADVERTISING	18	2,411
19	PAYROLL TAX	19	2,806
20	MDA FILL THE BOOT	20	37,210
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

		22,000	22,000
Description		Beginning	End
1	ESCROW ACCOUNT	22,000	22,000
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Statement 1

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2009

Part II, Line 23 - Land, Buildings & Equipment

	<u>05/31/08</u>	<u>05/31/09</u>
Buildings	228,084	240,395
Office Furniture & Equipment	18,912	18,912
Less: Accumulated Depreciation	<u>(29,652)</u>	<u>(35,662)</u>
Net Assets	<u>217,344</u>	<u>223,645</u>

Statement 2

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2009

Part II, Line 26 - Notes Payable

	<u>05/31/08</u>	<u>05/31/09</u>
Due To Waterbury Fire Fighters Credit Union	208,059	194,963
	<hr/>	<hr/>
Total Notes Payable	<u>208,059</u>	<u>194,963</u>

Statement 3

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2009

Part III - Statement of Program Service Accomplishments

A. Payments to Affiliates - \$50,331

The Association maintains membership in State & National affiliated organizations to promote safety in the workplace.

B. Conferences & Conventions - \$8,436

Members attended national and state conferences and seminars for purposes of expanding knowledge related to job issues.

C. Contributions & Goodwill - \$9,685

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

D. MDA - \$37,210

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

E. Legal Fees - \$7,607

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