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Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► 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.

A For the 2008 calendar year, or tax year beginning		6/1/2008	, and ending	5/31/2009
B Check if applicable:		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.	INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL #1339		06-6069176
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite
<input type="checkbox"/> Initial return		30 WEST MAIN STREET		
<input type="checkbox"/> Termination		City, town, or country	State	ZIP + 4
<input type="checkbox"/> Amended return		WATERBURY	CT	06702
<input type="checkbox"/> Application pending				
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
I Website: ► www.waterburyfire.org		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (5) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1 Contributions, gifts, grants, and similar amounts received</td><td style="text-align: right;">1 39,220</td></tr> <tr><td>2 Professional fees, including government fees and contracts</td><td style="text-align: right;">2</td></tr> <tr><td>3 Membership dues and assessments</td><td style="text-align: right;">3 213,017</td></tr> <tr><td>4 Investment income APR 4 2012</td><td style="text-align: right;">4 7,301</td></tr> <tr><td>5a Gross amount from sale of assets other than inventory</td><td style="text-align: right;">5a 0</td></tr> <tr><td> b Less: cost or other basis and sales expenses</td><td style="text-align: right;">5b 0</td></tr> <tr><td> c Gain or (loss) on assets other than inventory (Subtract line 5b from line 5a) (attach schedule)</td><td style="text-align: right;">5c 0</td></tr> <tr><td>6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/></td><td></td></tr> <tr><td> a Gross revenue (not including \$ 37,210 of contributions reported on line 1)</td><td style="text-align: right;">6a 0</td></tr> <tr><td> b Less: direct expenses other than fundraising expenses</td><td style="text-align: right;">6b 0</td></tr> <tr><td> c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td><td style="text-align: right;">6c 0</td></tr> <tr><td>7a Gross sales of inventory, less returns and allowances</td><td style="text-align: right;">7a</td></tr> <tr><td> b Less: cost of goods sold</td><td style="text-align: right;">7b</td></tr> <tr><td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td style="text-align: right;">7c 0</td></tr> <tr><td>8 Other revenue (describe ►)</td><td style="text-align: right;">8 0</td></tr> <tr><td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td><td style="text-align: right;">9 259,538</td></tr> </table>	1 Contributions, gifts, grants, and similar amounts received	1 39,220	2 Professional fees, including government fees and contracts	2	3 Membership dues and assessments	3 213,017	4 Investment income APR 4 2012	4 7,301	5a Gross amount from sale of assets other than inventory	5a 0	b Less: cost or other basis and sales expenses	5b 0	c Gain or (loss) on assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c 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)	6a 0	b Less: direct expenses other than fundraising expenses	6b 0	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 0	7a Gross sales of inventory, less returns and allowances	7a	b Less: cost of goods sold	7b	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0	8 Other revenue (describe ►)	8 0	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 259,538	Net Assets
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Expenses	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>10 Grants and similar amounts paid (attach schedule)</td><td style="text-align: right;">10 0</td></tr> <tr><td>11 Benefits paid to or for members</td><td style="text-align: right;">11</td></tr> <tr><td>12 Salaries, other compensation, and employee benefits</td><td style="text-align: right;">12 28,413</td></tr> <tr><td>13 Professional fees and other payments to independent contractors</td><td style="text-align: right;">13 7,607</td></tr> <tr><td>14 Occupancy, rent, utilities, and maintenance</td><td style="text-align: right;">14 16,536</td></tr> <tr><td>15 Printing, publications, postage, and shipping</td><td style="text-align: right;">15</td></tr> <tr><td>16 Other expenses (describe ► See attached statement)</td><td style="text-align: right;">16 218,404</td></tr> <tr><td>17 Total expenses. Add lines 10 through 16</td><td style="text-align: right;">17 270,960</td></tr> </table>	10 Grants and similar amounts paid (attach schedule)	10 0	11 Benefits paid to or for members	11	12 Salaries, other compensation, and employee benefits	12 28,413	13 Professional fees and other payments to independent contractors	13 7,607	14 Occupancy, rent, utilities, and maintenance	14 16,536	15 Printing, publications, postage, and shipping	15	16 Other expenses (describe ► See attached statement)	16 218,404	17 Total expenses. Add lines 10 through 16	17 270,960	Net Assets																
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Net Assets	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td style="text-align: right;">18 -11,422</td></tr> <tr><td>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)</td><td style="text-align: right;">19 339,658</td></tr> <tr><td>20 Other changes in net assets or fund balances (attach explanation)</td><td style="text-align: right;">20 0</td></tr> <tr><td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td><td style="text-align: right;">21 328,236</td></tr> </table>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -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)	19 339,658	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 through 20	21 328,236																									
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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	<p>(See the instructions for Part II.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>22 Cash, savings, and investments</td><td style="text-align: right;">(A) Beginning of year 295,277</td><td style="text-align: right;">(B) End of year 259,733</td></tr> <tr><td>23 Land and buildings</td><td style="text-align: right;">217,344</td><td style="text-align: right;">23 223,645</td></tr> <tr><td>24 Other assets (describe ► ESCROW ACCOUNT)</td><td style="text-align: right;">22,000</td><td style="text-align: right;">24 22,000</td></tr> <tr><td>25 Total assets</td><td style="text-align: right;">534,621</td><td style="text-align: right;">25 505,378</td></tr> <tr><td>26 Total liabilities (describe ► NOTE PAYABLE)</td><td style="text-align: right;">194,963</td><td style="text-align: right;">26 177,142</td></tr> <tr><td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td><td style="text-align: right;">339,658</td><td style="text-align: right;">27 328,236</td></tr> </table>	22 Cash, savings, and investments	(A) Beginning of year 295,277	(B) End of year 259,733	23 Land and buildings	217,344	23 223,645	24 Other assets (describe ► ESCROW ACCOUNT)	22,000	24 22,000	25 Total assets	534,621	25 505,378	26 Total liabilities (describe ► NOTE PAYABLE)	194,963	26 177,142	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	339,658	27 328,236															
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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? LABOR ASSOCIATION TO PROMOTE SAFETY IN WORK

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for 501(c)(3)
and (4) organizations
and 4947(a)(1) trusts;
optional for others)

28 STATEMENT 3

(Grants \$ 29	0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	113,266
(Grants \$ 30	0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	0
(Grants \$ 31	0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	0
Other program services (attach schedule)			
(Grants \$ 32	0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	39,453
Total program service expenses. (add lines 28a through 31a)		32	152,719

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

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.	33	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	34	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.	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	37a	0
a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	0
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► , section 4955 ►	40b	
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	40c	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40d	
d Enter amount of tax on line 40c reimbursed by the organization	40e	X
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		
41 List the states with which a copy of this return is filed ►		
42 a The books are in care of ► Name PATRICK CRIMMINS	Telephone no. ► (203) 574-5668	
Located at ► 30 WEST MAIN STREET City. WATERBURY ST. CT	ZIP + 4 ► 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 ►		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	X
c At any time during the calendar year, did the organization maintain an office outside of 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	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 Yes No 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a X

b If "Yes," was the related organization(s) a section 527 organization? 49b X

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."

(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 None Str _____ City ST ZIP _____	Title Hr/WK 00	0	0	0
Name Str _____ City ST ZIP _____	Title Hr/WK 00	0	0	0
Name Str _____ City ST ZIP _____	Title Hr/WK .00	0	0	0
Name Str _____ City ST ZIP _____	Title Hr/WK .00	0	0	0
Name Str _____ City ST ZIP _____	Title Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ►		0	0	0

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 None Str _____ City ST ZIP _____		0
Name Str _____ City ST ZIP _____		0
Name Str _____ City ST ZIP _____		0
Name Str _____ City ST ZIP _____		0
Name Str _____ City ST ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 ►		0

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

Sign Here	<i>John C</i>	<i>3/22/12</i>
	Signature of officer <i>PATRICK CRIMINS</i>	Date
Type or print name and title <i>VICE president</i>		
Paid Preparer's Use Only	Preparer's signature <i>John Mulhall CPA</i>	Date 3/22/2012
	Check if self-employed <input checked="" type="checkbox"/>	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

Supplemental Information Regarding
Fundraising or Gaming Activities

2008

Open To Public
InspectionDepartment of the Treasury
Internal Revenue Service

► 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.

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
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

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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	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
		(event type)	(total number)		
Revenue	1 Gross receipts . . .	37,210	0	0	37,210
	2 Less: Charitable contributions . . .	37,210	0	0	37,210
	3 Gross revenue (line 1 minus line 2) . . .	0	0	0	0
Direct Expenses	4 Cash prizes . . .	0	0	0	0
	5 Non-cash prizes . . .	0	0	0	0
	6 Rent/facility costs . . .	0	0	0	0
	7 Other direct expenses . . .	0	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))
	1 Gross revenue . . .				0
	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 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

Yes	No
10a	

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?

Yes	No
11	

Yes	No
12	

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL #1339

06-6069176

Schedule G (Form 990 or 990-EZ) 2008

Page 3

	Yes	No	
13 Indicate the percentage of gaming activity operated in:	13a %	13b %	
a The organization's facility			
b An outside facility			
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?	Name ►		
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 ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions.	Name ►		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Name ►		
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 ► \$	Name ►		

Schedule G (Form 990 or 990-EZ) 2008

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

	Description	22,000	22,000
1	ESCROW ACCOUNT	Beginning	End
2		22,000	22,000
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
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.