

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

Department of the Treasury

Internal Revenue Service

## 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.

▶ 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

Α	For the	e 2008 calend	ar year	or tax year b	beginning	July	1 , 20	ous, and end	aing	June	30	, 2	20 09
В	Check if	applicable	Please	C Name of org	ganization					D Emplo	yer iden	tification	number
	Address	•	use IRS label or	Internation	al Brotherho	od - Boiler	makers Lodge	920		74		23687	<b>742</b>
Ц		me change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep							E Teleph	none nur			
$\vdash$	Initial ref		type. See	<b>PO BOX 20</b>						( 207	' )	4281	
H	Terminal Amende		Specific		n, state or countr	v and ZIP + 4	<u></u>			F Group			
H		on pending	Instruc- tions.	•	h, NH 03804-	•				,	er	.io/1	1252
=							able Amiede mili	-4 -44-a-b	G Acco				Accrual
	• Seci	tion 501(c)(3)			dule A (Form s		able trusts mus	st attacn	1	(specify)		VI Casii	☐ Accruai
_			a co.	pieted denoc	יוווס ון א טוטנ				<del>                                     </del>				
										k ▶ 🔟		_	
	Website: ► required to att  Organization type (check only one) —  \$\overline{\mathbb{Z}}\$ 501(c) ( 5 ) \$\neq\$ (insert no )  \$\overline{\mathbb{Q}}\$ 4947(a)(1) or \$\overline{\mathbb{D}}\$ 527  990-EZ, or 99											anie R (i	-orm 990,
_							•		1				<del></del>
K							ganization and its		pts are nor	mally <b>not</b> i	more tha	ın \$25,00	)0 A return is
							file a complete r						
ᆫ	Add lin						000 or more, file F				_ ▶ \$		113,967
E	art I	Revenue	, Expe	nses, and	Changes in	Net Asse	ets or Fund I	Balances	(See the	<u>instruct</u>	<u>ions fo</u>	<u>r Part I</u>	i.)
	1	Contributio	ns. aift	. grants, and	sımılar amou	nts received	l				1		0
	2						ind contracts				2		0
	3	-		and assess							3		113,948
	4	Investmen	•							• • •	4		313
	1 _				ooto othor th		<i>.</i> У	1 - 1					
Ξ'	5a						•	. EP					
" 107 107					sales expens			. ——	attach ash	odulo\	5c		0
<u></u>	· ·						btract line 5b fro				200		
7	6					- 1	If any amount is fro		neck nere				
JOIN Z 4 Revenue	a	Gross reve	enue (n	ot including	\$= <del>\\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	<del></del>	of contributions						
ξũ	:	reported c	ou mie 1/1———————————————————————————————————							2503074			
5	l t	b Less: direct expenses other than fundraising/expenses								1 _			
)	(	c Net income or lloss) from special events and activities (Subtract line 6b from line 6a)								6c		0	
Ā	7a												
	t											_	
ζ	(									7c		0	
2	8							)	8		0		
<i>"</i> _	9	Total reve	enue. A	<u>dd lines 1, 2</u>	<u>, 3, 4, 5c, 6c</u>	, 7c, and 8	<u> </u>	<u>.,</u>		<u>▶</u>	9		114,261
	10	Grants an	d sımıla	r amounts p	aid (attach so	chedule)					10		0
	11										11		0
ď	12	12 Salaries, other compensation, and employee benefits								12		13,302	
Fynenses	13	13 Professional fees and other payments to independent contractors								13		0	
٥	14	14 Occupancy, rent, utilities, and maintenance								14		0	
ú	15	15 Printing, publications, postage, and shipping									15		
		16 Other expenses (describe   affiliation fees, conf exp, promotional, meeting exp, PO Box I							Box I)	16		78,207	
	17	Total exp	enses.	Add lines 10	through 16						17		91,509
	18						line 9)		_		18		22,752
Nat Accate	10		•										
9	19						rom line 27, co				19		37,633
÷	20						explanation)				20		0
Ž	21										21		60,385
į.											of Form		
_										of year			
_	(ood the methodicine for fair in)									933 22	(2, 2, 0	59,685	
		L Cush, savings, and investments								30,3	0 23		<u>59,065</u> 0
	23 Lai												
2		ner assets (describe  Computer )							700 24	<del> </del>	700		
		tal assets							-	37,0	633 25	<b></b>	60,385
	26 To	tal liabilities	(descr	oe ▶	07 - 1	- (D) ·		)			0 26	<u> </u>	60.205
_							agree with line				633 27		60,385
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Cat No 10642								Form 9	90-EZ (2008				

FORM 350-22 (2000)					9
Part III Statement of Program Service Accomp	plishments (See the instr	uctions for Part I	II.)		Expenses
14/6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Provide Benefits to Men	nhers			uired for 501(c)(3)
What is the organization's primary exempt purpose? To	or rovide belieffe to wich	10013		and	(4) organizations
Describe what was achieved in carrying out the organiza	ition's exempt purposes. In	a clear and conci	se manner,	and	4947(a)(1) trusts,
describe the services provided, the number of persons ben	iefited, or other relevant info	rmation for each pr	ogram title.	optio	onal for others)
28				i '	
(Grants \$ ) If this amount inclu	ides foreign grants, check	<u>here</u>	<u>. ▶ ⊔</u>	28a	
29					
29					
(Grants \$ ) If this amount inclu	<u>ides foreign grants, check</u>	<u>here </u>	<u>. ▶ ⊔</u>	29a	
30					
				!	
(O t				30a	
(Grants \$ ) If this amount inclu				Sua	
31 Other program services (attach schedule)					
(Grants \$ ) If this amount inclu				31a	<u>.                                    </u>
32 Total program service expenses (add lines 28a th	rough 31a)		, , . ▶	32	
Part IV List of Officers, Directors, Trustees, and Key I				structio	ons for Part IV )
List of Officers, Directors, Trustees, and Rey	(b) Title and average		(d) Contribution		(e) Expense
(a) Name and address	hours per week	(c) Compensation (If not paid,	emplovee benefit	plans &	account and
1-7	devoted to position	enter -0)	deferred compe	nsation	other allowances
James Chase	President				
PO BOX 2010 Portsmouth, NH 03804-2010	riesideiit	0		0	4,382
					,,
David Schofield	Secretary-Treasurer			_	
PO BOX 2010 Portsmouth, NH 03804-2010		0		0	5,505
David Radina	Vice President				
PO BOX 2010 Portsmouth, NH 03804-2010	vice riesident	0		0	385
					-
Glenn Barry	Recording Secretary	•		^	۱ ,
PO BOX 2010 Portsmouth, NH 03804-2010		0		0	0
Ed Bennett	Trustee				
PO BOX 2010 Portsmouth, NH 03804-2010	Trustee	0		0	779
Sam Faulkner	F. D		<del></del> -		
	Ex-President	o	1	0	220
PO BOX 2010 Portsmouth, NH 03804-2010					
Martin Sakevch	Trustee				
PO BOX 2010 Portsmouth, NH 03804-2010		0		0	0
Chris Estes					
	Trustee	0		0	l 0
PO BOX 2010 Portsmouth, NH 03804-2010					ļ
David Patch	Inspector		ļ		
PO BOX 2010 Portsmouth, NH 03804-2010	•	0		0	0
• "					
			1		[
			<del>                                     </del>		<del> </del>
			1		
					1
•••••		1			
			<del> </del>		-
			1		
	1				
	<u> </u>		†		<u> </u>
	ļ				]
			ļ		<u> </u>
			1		
	1	1			
			ļ <u>.</u>		ļ
	1	1			1

Pa	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		✓
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		<b>✓</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	_	✓_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
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 unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		<b>V</b>
39	Section 501(c)(7) organizations. Enter:	-	j	1
	Initiation fees and capital contributions included on line 9			1
	Gross receipts, included on line 9, for public use of club facilities		i	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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	40b		ſ
С	L, Part I	102	-	<del></del> ;
d	Enter amount of tax on line 40c reimbursed by the organization			ı
	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		<b>✓</b>
41 42a	List the states with which a copy of this return is filed. ▶ None  The books are in care of ▶ David Schofield  Telephone no. ▶ ( 207		39-42	<u>B1</u>
	Located at ▶ Portsmouth Naval Shipyard, Portsmouth, NH ZIP + 4 ▶	03804	วักกัก	
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	42b	Yes	No
	account)?			,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b>/</b>
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			▶ 🗆
	and office the amount of tax-exempt interest received of accrace during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		Ĵ
<b>45</b>	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		<b>✓</b>
		00	0_E7	(0000)

Page	4

Pa <u>rt</u>	VI Section 501(c)(3) organizations only and complete the tables for lines 50 a	<ul> <li>All section 501(c)( and 51.</li> </ul>	(3) organiza	ations mu	st answer question	ons 40	5–49	
46 [	Did the organization engage in direct or indirect p		vities on be	half of or in	opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I							✓
<b>47</b> [	Did the organization engage in lobbying activities	? If "Yes," complete S	Schedule C,	Part II .		47		<b>✓</b>
	s the organization operating a school as describe					48		<b>✓</b>
<b>49</b> a〔	Did the organization make any transfers to an ex-	empt non-charitable re	elated organ	ization?		49a		<b>✓</b>
	If "Yes," was the related organization(s) a section					49b		_ ✓
	Complete this table for the five highest compensate each received more than \$100,000 of compensate					emplo	oyees	) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Co	mpensation	(d) Contributions to employee benefit plans & deferred compensation	àcc	Expens ount ai allowai	nd
NON	E							
							-	
						•		
Total	number of other employees paid over \$100,000 ▶			<del></del>	<u> </u>			
	(a) Name and address of each independent contractor			<b>(b)</b> Ty	pe of service	(c) Cor	npensa	ition
NON	<u> </u>							
								<del></del>
Total	number of other independent contractors each r	ecelving over \$100.00	0 •		-		•	
Sign	Under penalties of perjury, I declare that I have exam and better, it is true, correct and complete Declaration			chedules and d on all infor	statements, and to the mation of which prepare	best of r er has a	ny kno ny kno	wledge wledge
Here	Signature of officer  David Schofield - Secretary-Treasure Type or print name and title	r of Boilermakers Lo	cal 920		Date *			
Paid	Preparer's signature	C	Pate	Check if self-employed	Preparer's Identifying	Number	(See ins	tructions)
Prepa Use C	I Firm s name for yours k				EIN ► Phone no ► ( )			
May	the IRS discuss this return with the preparer sho	wn above? See instru	ctions .				es [ 0-E2	No (2008)