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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Labor Union			
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, and other relevant information for each program title			
28 Payments to National & State Organizations from Local Affiliate Members range between 120 to 130 during the year for this local firefighters union. Union also donates to scholarships and other community goodwill programs. Union may also pay funeral costs for a retired firefighter when no other resources were available. (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	
29			
(Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30			
(Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

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

Part VOther Information (Note the statement requirements in the instructions for Part V.)		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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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 period covered by this return? . . .	38a	No
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	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ STEPHEN D BATES CPA LLC Telephone no ▶ (860) 282-0891 42 CT BLVD PO BOX 280894 Located at ▶ EAST HARTFORD, CT ZIP + 4 ▶ 061280894		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
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 ▶ _____	42c	No
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		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's 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
NONE				

50(f) Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's 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
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

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 *****		Date 2010-10-26		
Paid Preparer's Use Only	Preparer's signature STEPHEN D BATES CPA		Date	Check if self-employed ☒	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Stephen D Bates CPA LLC 42 Connecticut Blvd East Hartford, CT 061080894		EIN ▶		
			Phone no ▶ (860) 282-0891		
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

Additional Data

Software ID:
Software Version:
EIN: 06-6084740
Name: INTERNATIONAL ASSOCIATION OF FIREFIGHTER
L1548 EAST HARTFORD

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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	(E) Expense account and other allowances
KEVIN FORAN 160 ELLINGTON ROAD EAST HARTFORD, CT 06108	Treasurer 6 00	0		2,400
JOEL CUSTER 311 MEADOWBROOK DRIVE MANCHESTER, CT 06040	Secretary 4 00	0		2,400
MATT FLOR c/o 914 MAIN STREET 200 EAST HARTFORD, CT 06108	Vice President 4 00	0		6,000
DAN WASILEWSKI 159 WALBRIDGE HILL ROAD TOLLAND, CT 06084	President 4 00	0		7,200

TY 2009 Grants and Similar Amounts Paid Schedule

Name: INTERNATIONAL ASSOCIATION OF FIREFIGHTER
L1548 EAST HARTFORD

EIN: 06-6084740

Software ID: 09000047

Software Version: 2009v1.3

Item No.	1
Class of Activity	PROGRAM SERVICE
Donee's Name	MISCFF FOR MDACHARITY EVENTS
Donee's Address	LOCAL /NATIONAL CHARITIES VARIOUS, CT 06118
Amount (FMV)	625
Purpose of Payment to Affiliate	
Relationship	NONE:DONATIONS
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	PROGRAM SERVICE
Donee's Name	SCHOLARSHIPS
Donee's Address	LOCAL HIGH SCHOOLS EAST HARTFORD, CT 06118
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	STUDENTS @ HIGH SCHOOL
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	PYMT TO AFFILIATE
Donee's Name	GREATER HARTFORD LABOR COUNCIL
Donee's Address	65 ELMHURST CIRCLE WEST HARTFORD, CT 06110
Amount (FMV)	381
Purpose of Payment to Affiliate	
Relationship	STATE ORGANIZATION
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	PYMT TO AFFILIATE
Donee's Name	CONN AFL-CIO
Donee's Address	56 TOWN LINE ROAD ROCKY HILL, CT 06067
Amount (FMV)	1,219
Purpose of Payment to Affiliate	
Relationship	STATE ORGANIZATION
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	PYMT TO AFFILIATE
Donee's Name	UNIFORMED FIREFIGHTERS ASSOC
Donee's Address	11 ARLYN RIDGE ROAD NEWTOWN, CT 06470
Amount (FMV)	9,334
Purpose of Payment to Affiliate	
Relationship	STATE ORGANIZATION
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	PYMT TO AFFILIATE
Donee's Name	INTNL ASSOC OF FIREFIGHTERS
Donee's Address	1750 NEW YORK AVE N W WASHINGTON, DC 20006
Amount (FMV)	16,384
Purpose of Payment to Affiliate	
Relationship	NATIONAL ORGANIZATION
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: INTERNATIONAL ASSOCIATION OF FIREFIGHTER
L1548 EAST HARTFORD

EIN: 06-6084740

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
Telephone	1,749
Office Expenses	688
Negotiation Fees	3,000
Insurance	500
Conferences, Conventions, and Meetings	14,092