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Form **990-EZ****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 \$500,000 and total assets less than \$1,250,000 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

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 6/1/2009 , and ending 5/31/2010													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL #1339</td> <td>D Employer identification number 06-6069176</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) 30 WEST MAIN STREET</td> <td>E Telephone number (203) 910-6808</td> </tr> <tr> <td>City, town, or country WATERBURY</td> <td>State CT</td> <td>ZIP + 4 06702</td> </tr> <tr> <td colspan="2">F Group Exemption Number 0610</td> </tr> </table>	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) 30 WEST MAIN STREET		E Telephone number (203) 910-6808	City, town, or country WATERBURY	State CT	ZIP + 4 06702	F Group Exemption Number 0610	
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	City, town, or country WATERBURY		State CT	ZIP + 4 06702									
	F Group Exemption Number 0610												

- **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 ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► www.waterburyfire.org**J** Tax-exempt status (check only one)— ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **354,094**

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	1	44,317
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	265,565
	4 Investment income	4	5,892
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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 \$ 38,230 of contributions reported on line 1)	6a	38,320
b Less: direct expenses other than fundraising expenses	6b	38,320	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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		
8 Other revenue (describe ►)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	315,774	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	2,500
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	31,189
	13 Professional fees and other payments to independent contractors	13	678
	14 Occupancy, rent, utilities, and maintenance	14	14,832
	15 Printing, publications, postage, and shipping	15	50
	16 Other expenses (describe ► See Attached Statement)	16	209,815
	17 Total expenses. Add lines 10 through 16	17	259,064
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	56,710
	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	328,236
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	384,946

Internal Revenue Service
Received
APR 17 2010
North Atlantic Area
Waterbury, CT

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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 Cash, savings, and investments	259,733	22 299,155
23 Land and buildings	223,645	23 223,908
24 Other assets (describe ► ESCROW ACCOUNT)	22,000	24 22,000
25 Total assets	505,378	25 545,063
26 Total liabilities (describe ► NOTE PAYABLE)	177,142	26 160,117
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	328,236	27 384,946

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

(HTA)

9 NGE

Part V Other 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.		X
34	Were any changes made to the organizing or governing documents? 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 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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37 a	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?		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 outstanding at the end of the period covered by this return?		X
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		
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 ▶ , 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		X
41	List the states with which a copy of this return is filed. ▶		
42 a	The organization's books are in care of ▶ 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)? 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.	Yes	No
42b			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: ▶		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 . ▶ 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 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

	Yes	No
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.	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization 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 a section 527 organization?	49b	X

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."

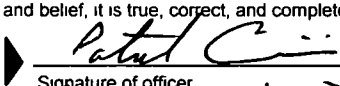
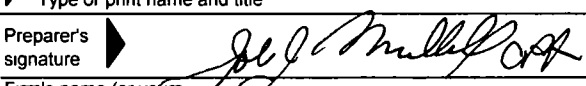
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____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

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
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		

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

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 <u>4/7/12</u>	
Paid Preparer's Use Only	 Preparer's signature		Date <u>3/23/2012</u>	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>PATRICK CRIMMINS Vice President</u> <u>JOHN MULHALL, CPA</u> <u>P O BOX 9454, NEW HAVEN, CT 06534</u>		Preparer's identifying number (See instructions) <u>06-1295165</u>	EIN <u>06-1295165</u>
			Phone no <u>(203) 729-6233</u>	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

**Open To Public
Inspection**

Name of the organization

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL #1339

Employer identification number

06-6069176

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

- 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"/> Internet and 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.

(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			
Total						

- 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 VIDA FILL THE BOOT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	38,230			38,230
	2 Less Charitable contributions	38,230			38,230
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				
	11 Net income summary Combine line 3, column (d), and line 10				

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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)					
8 Net gaming income summary. Combine line 1, column d, and line 7					

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

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?

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter 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 of the third party:		
	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:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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

209,815

1	Travel	1	21,688
2	Meals and entertainment	2	7,796
3	Fundraising	3	
4	Amortization	4	
5	Conferences, conventions, and meetings	5	6,467
6	Depreciation	6	6,171
7	Depletion	7	
8	Equipment rental and maintenance	8	5,855
9	Interest	9	12,803
10	Supplies	10	3,530
11	Telephone	11	6,757
12	Unrelated business income taxes	12	
13	INSURANCE	13	3,325
14	GOOD & WELFARE	14	9,466
15	MDA FILL THE BOOT	15	38,230
16	MEMBERSHIP DUES - AFFILIATES	16	50,485
17	DUES & SUBSCRIPTIONS	17	380
18	COMPUTER EXPENSES	18	1,296
19	PROPERTY TAXES	19	9,751
20	ADVERTISING	20	750
21	PAYROLL TAX	21	3,346
22	AWARDS GALA	22	21,719
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

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			

Part II, Line 26 (990-EZ) - Liabilities

		177,142	160,117
Description		Beginning	End
1	NOTE PAYABLE	177,142	160,117
2			
3			
4			
5			
6			
7			
8			
9			
10			

Statement 1

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2010

Part I, Line 16 - Payments to Affiliates

International Association of Fire Fighters

1750 New York Avenue, NW

Washington, DC 2006

33,159

Connecticut AFL-CIO

56 Town Line Road

Rocky Hill, CT 06067

3,342

Uniformed Fire Fighters Association of Connecticut

30 Sherman Street

West Hartford, CT 06110-1915

13,984

50,485

Purpose of Payments:

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

Statement 2

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2010

Part II, Line 22 - Grants & Allocations

Kristina Schultz	500
Morgan Valaitis	500
Michale Marcylenas	500
Laura Stokes	500
Monica Valente	500

2,500

Note: The above amounts represent scholarships paid to children of members of Local #1339.

Statement 4

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2010

Part IV, Line 57 - Land, Buildings & Equipment

	<u>05/31/09</u>	<u>05/31/10</u>
Buildings	240,395	246,829
Office Furniture & Equipment	18,912	18,912
Less: Accumulated Depreciation	<u>(35,662)</u>	<u>(41,833)</u>
Net Assets	<u><u>223,645</u></u>	<u><u>223,908</u></u>

Statement 6

Waterbury Fire Fighters Local #1339

06-6069176

Year Ended May 31, 2010

Part I - Line 9 Special Fundraising Events

	(A)		Total
GROSS RECEIPTS - Cash Collected	38,320	0	38,320
EXPENSES - Payment to MDA	<u>(38,320)</u>	0	<u>(38,320)</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, 2010

Part III - Statement of Program Service Accomplishments

A. Payments to Affiliates - \$50,485

The Association maintains membership in State & National fi

B. Conferences & Conventions - \$6,467

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

C. Contributions & Goodwill - \$9,466

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

D. Legal Fees - \$678

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

E. Scholarships - \$2,500

The Union provided scholarships of \$500 to 5 children of Union members.

F. MDA - \$38,320

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