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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010

, and ending 12-31-2010

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization INTERNATIONAL ASSOCIATION OF FIREFIGHTERS LOCAL 848	D Employer identification number 51-0236701
Number and street (or P O box, if mail is not delivered to street address) 100 UNION STREET	E Telephone number (508) 222-2325
City or town, state or country, and ZIP + 4 ATTLEBORO, MA 02703	F Group Exemption Number ►

G Accounting method  Cash  Accrual Other (specify) ► \_\_\_\_\_

I Website: ► N/A

J Tax-Exempt status (check only one) —  501(c)(3)  501(c)( 5 ) (insert no)  4947(a)(1) or  527H 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 110,647

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received	1	4,872
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	29,288
4 Investment income	4	1,108
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	152
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-152
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 75,379 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	75,379
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 in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	110,495
10 Grants and similar amounts paid (list in Schedule O)	10	6,699
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	9,200
13 Professional fees and other payments to independent contractors	13	64,652
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	34,135
17 Total expenses. Add lines 10 through 16	17	114,686
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,191
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	87,360
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	83,169

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>22</b> Cash, savings, and investments		87,360	<b>22</b> 81,244
<b>23</b> Land and buildings		23	
<b>24</b> Other assets (describe in Schedule O)		0	<b>24</b> 1,925
<b>25 Total assets</b>		87,360	<b>25</b> 83,169
<b>26 Total liabilities</b> (describe in Schedule O)		0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)		87,360	<b>27</b> 83,169

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

TO INCREASE THE SKILL AND EFFICIENCY OF THE FIREFIGHTERS OF ATTLEBORO, WHILE PROMOTING UNIONISM AMONG ITS MEMBERS

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

**Expenses**

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

**28 INCREASED THE SKILL AND EFFICIENCY LEVEL OF THE FIREFIGHTERS OF ATTLEBORO**(Grants \$ 0) If this amount includes foreign grants, check here   **28a** 0**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** (describe in Schedule O)(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 )Check if the organization used Schedule O to respond to any question in this Part IV 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	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	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year 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	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ► MA		
42a The organization's books are in care of ► PAUL JACQUES Telephone no ► (508) 222-2325		
100 UNION STREET Located at ► ATTLEBORO, MA ZIP + 4 ► 02703		
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	No
If "Yes," enter the name of the foreign country ►		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	No
If "Yes," enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	<b>Yes</b>	<b>No</b>
<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 and Schedule R must be completed instead of Form 990-EZ	<b>45</b>	No
<b>45a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	<b>45a</b>	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

<p><b>50</b> 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."</p>				
(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

**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

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

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

**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.**

<b>Sign Here</b>	***** Signature of officer  <u>PAUL JACQUES TREASURER</u> Type or print name and title	2011-07-01 Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self- employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN <input checked="" type="checkbox"/>
	HUGHES AND COMPANY PC ONE WEST FOSTER STREET MELROSE, MA 021763852			Phone no <input checked="" type="checkbox"/> (781) 665-7100

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 51-0236701  
**Name:** INTERNATIONAL ASSOCIATION OF  
FIREFIGHTERS LOCAL 848

### 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
BRIAN DUBUC 101 NORTH MAIN STREET SOUTH YARMOUTH, MA 02664	PRESIDENT 4 00	2,000	0	0
BRUCE TONDREAU 986 SO MAIN STREET ATTLEBORO, MA 02703	VICE PRESIDENT 1 00	1,000	0	0
PAUL JACQUES 1505 PARK STREET 118 ATTLEBORO, MA 02703	SECRETARY- TREASURER 4 00	2,000	0	0
AUSTIN TAPLEY 207 SMITH STREET ATTLEBORO, MA 02703	EXEC BOARD 1 00	1,000	0	0
ALLAN MURRANT 76 HOLLY ROAD TAUNTON, MA 02780	EXEC BOARD 1 00	400	0	0
JASON MAYER 69 EAST BACON STREET SOUTH ATTLEBORO, MA 02703	EXEC BOARD 1 00	200	0	0
ANDREW NUNES 23 ALICE STREET DARTMOUTH, MA 02747	EXEC BOARD 1 00	400	0	0
TIMOTHY BIRCH 66 SEMPLE VILLAGE ROAD ATTLEBORO, MA 02703	EXEC BOARD 1 00	400	0	0
MICHAEL WILSON 54B ALLENSON AVENUE SOUTH ATTLEBORO, MA 02703	EXEC BOARD 1 00	400	0	0
MARK PRIEST 391 READ STREET ATTLEBORO, MA 02703	EXEC BOARD 1 00	400	0	0
STEVEN BRENNICK 40 NICK ROCK ROAD ATTLEBORO, MA 02703	EXEC BOARD 1 00	400	0	0
DAVID HARDMAN 60 FOCH AVENUE SEEKONK, MA 02771	EXEC BOARD 1 00	200	0	0

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open to Public  
Inspection**

**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.**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Employer identification number**

51-023670

**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**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**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.

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

**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.

		<b>(a) Event #1</b> <b>COMEDY NIGHT</b> (event type)	<b>(b) Event #2</b> <b>FIREFIGHTERS BALL</b> (event type)	<b>(c) Other Events</b> (total number)	<b>(d) Total Events</b> (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	68,615	6,764		75,379
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	68,615	6,764		75,379
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash 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 lines 3 and 10 in column (d) . . . . .				75,379

**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.

		<b>(a) Bingo</b>	<b>(b) Pull tabs/Instant bingo/progressive bingo</b>	<b>(c) Other gaming</b>	<b>(d) Total gaming</b> (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash 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 lines 1 and 7 in column (d) . . . . .				

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? . . . . .  Yes  No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No

**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

**13** Indicate the percentage of gaming activity operated in

<b>13a</b>	
<b>13b</b>	

**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? . . . . .  Yes  No

**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 ►

 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? . . . . .  Yes  No

**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 ► \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**INTERNATIONAL ASSOCIATION OF  
FIREFIGHTERS LOCAL 848**Employer identification number**

51-0236701

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 1,108

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO YOUTH BASEBALL DATE OF GIFT 05/03/10 AMOUNT GIVEN 150

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO YOUTH SOCCER DATE OF GIFT 08/12/10 AMOUNT GIVEN 150

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO GIRLS SOFTBALL DATE OF GIFT 05/28/10 AMOUNT GIVEN 200

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO YOUTH BASKETBALL DATE OF GIFT 08/10/10 AMOUNT GIVEN 300

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME BIG BROTHERS BIG SISTERS DATE OF GIFT 04/23/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME AMERICAN CANCER SOCIETY DATE OF GIFT 05/26/10 AMOUNT GIVEN 250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO POLICE ASSOCIATION DATE OF GIFT 07/06/10 AMOUNT GIVEN 250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO SCHOOL HOCKEY DATE OF GIFT 08/24/10 AMOUNT GIVEN 200

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO VARSITY BASKETBALL DATE OF GIFT 10/05/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO FIREWORKS FUND DATE OF GIFT 06/11/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO RECREATION DATE OF GIFT 06/01/10 AMOUNT GIVEN 50

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO GRADUATION NIGHT DATE OF GIFT 06/08/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME NEW HOPE INC DATE OF GIFT 11/10/10 AMOUNT GIVEN 350

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME SO ATTLEBORO LIONS DATE OF GIFT 05/03/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME FRIENDS OF FLIPPY BENEVOLENT FUND DATE OF GIFT 04/23/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME GREG JOLLEY CLIMB FOR LIFE DATE OF GIFT 03/01/10 AMOUNT GIVEN 675

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ST JOHN EVANGELIST SCHOOL DATE OF GIFT 10/18/10 AMOUNT GIVEN 225

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME JEFF BURGESS MEMORIAL FUND DATE OF GIFT 06/07/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME MASONS MIRACLE DATE OF GIFT 06/08/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME PMC JIMMY FUND DATE OF GIFT 06/25/10 AMOUNT GIVEN 150

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME FILE OF LIFE DATE OF GIFT 08/02/10 AMOUNT GIVEN 225

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME WOUNDED SOLDIER DAY DATE OF GIFT 08/09/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME THE BARTON CENTER FOR DIABETES EDUCATION DATE OF GIFT 06/08/10 AMOUNT GIVEN 200

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME KENNEDY DONOVAN CENTER DATE OF GIFT 11/03/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME PFFM H&W TRUST DATE OF GIFT 11/03/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME SO ATTLEBORO WHITE HAWKS DATE OF GIFT 10/12/10 AMOUNT GIVEN 150

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME MISCELLANEOUS DATE OF GIFT 07/01/10 AMOUNT GIVEN 1,274 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 6,699

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK CHARGES AMOUNT 197 DESCRIPTION CONFERENCES, CONVENTIONS & MEETINGS AMOUNT 2,268 DESCRIPTION COMMUNITY BREAKFAST AMOUNT 2,690 DESCRIPTION CALENDARS AMOUNT 1,103 DESCRIPTION CLOTHING EXPENSE AMOUNT 2,945 DESCRIPTION FLOWERS AMOUNT 686 DESCRIPTION IAFF DUES AMOUNT 11,053 DESCRIPTION INSURANCE AMOUNT 126 DESCRIPTION LUNCHEON ASSESSMENT AMOUNT 150 DESCRIPTION MISCELLANEOUS AMOUNT 1,573 DESCRIPTION OFFICE SUPPLIES AMOUNT 388 DESCRIPTION PFFM DUES AMOUNT 9,686 DESCRIPTION TAXES - OTHER AMOUNT 70 DESCRIPTION TELEPHONE AMOUNT 1,200 TOTAL TO FORM 990-EZ, LINE 16 34,135

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION DUE FROM MEMBERS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,925

## TY 2010 Transfers Personal Benefits Contracts Declaration

**Name:** INTERNATIONAL ASSOCIATION OF  
FIREFIGHTERS LOCAL 848

**EIN:** 51-0236701

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.