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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 5 12(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the end of the vear may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

_		The diganization may have to use a copy of the ret		si, otato reporting		20	2011			
		e 2010 calendar year, or tax year beginning OCT 1, 2010)	and ending			2011			
В	Check if applicat	C Name of organization			DEM	iployerie	dentification number			
	Addr	ess change			- 1	1				
	Nam	change TAUNTON EMERGENCY TASK FORCE,	INC.		04-2833221					
Г	\neg	Number and street (or P.O. box, if mail is not delivered to street addres		Room/su	ite E Te	E Telephone number				
F	\neg	nated 30 OLNEY STREET			9	508-821-1420				
F	=	City or town, state or country, and ZID + 4	\neg	oup Exer						
F	7	marmmon 143 00700		ımber >						
<u></u>										
		thing motified.			- ''	H Check ►if the organization is no required to attach Schedule B				
		te: >	\ \	047(0)(1) 01 5						
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(Insert					990-EZ, or 990-PF).			
		if the organization is not a section 509(a)(3) supporting organization an								
	Form 9	90 return is not required though Form 990-N (e-postcard) may be required (see in	istructions).	. But if the organizati	on choos	es to file	a return, be sure to file a			
		ete return.								
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200	,000 or mor	e, or if total assets (F	Part II,					
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				▶ \$	<u>38917.</u>			
P	art I	Revenue, Expenses, and Changes in Net Assets or F	und Ba	lances (see the in	struction	s for Par	t i.)			
		Check if the organization used Schedule O to respond to any question in this P	art I				X			
	1	Contributions, gifts, grants, and similar amounts received				1	38470.			
	2	Program service revenue including government fees and contracts				2				
	3	Membership dues and assessments				3				
	4	Investment income	See S	Schedule ()	4	12.			
	5a	Gross amount from sale of assets other than inventory	5a							
	Ь	Less: cost or other basis and sales expenses	5b			7				
	0	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line		7 5c						
	6	Gaming and fundraising events								
	a	Gross income from gaming (attach Schedule G if greater than				1 1				
ΞĒ	•	\$15,000)	6a	1						
Revenue		Gross income from fundraising events (not including \$		ontributions		7 i				
æ	, ,			Jill Ibulions						
		from fundraising events reported on line 1) (attach Schedule G if the sum of such	['] _{6в}	1						
		gross income and contributions exceeds \$15,000)				1				
	1 .	Less; direct expenses from gaming and fundraising events		<u></u>		۱ ا				
	_d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b at		line 60)		6d				
	7a	Gross sales of inventory, less returns and allowances	7a	 		-				
. 1	b	Less: cost of goods sold	7b			┥_ │				
3	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			_	7c	125			
7	8	Other revenue (describe in Schedule O)	See S	Schedule (8	435.			
₽_	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	38917.			
=	10	Grants and similar amounts paid (list in Schedule O)				10	39592.			
Z	11	Benefits paid to or for members RECEIVED				11				
 8	12	Salaries, other compensation, and employee benefits				12				
۲ğ	13	Professional fees and other payinents to independent contractors				13	550.			
	14					14				
9	15	Printing, publications, postage, and shipping				15				
₹	16	Other expenses (describe in Schedule 0)	See S	Schedule (2	16	<u>1162.</u>			
SCANE PERSON	17	Total expenses. Add lines 10 through 16				17	41304.			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-			18	-2387.			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))								
Ass		(must agree with end-of-year figure reported on prior year's return)				19	29051.			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)				20	0.			
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20			•	21	26664.			
		Paperwork Reduction Act Notice, see the separate instructions.		~			Form 990-EZ (2010)			
		. apaa		$\boldsymbol{\sigma}$, - : - ,			

032171 02-02-11

	DRCE, INC.			14-2	0334	ZI Page 2
Part II Balance Sheets. (see the instructions for Part II.)						r
Check if the organization used Schedule 0 to respond to any question	ın this Part II	1		т —	(5) [
		(A)	Beginning of year	 	(B) E	nd of year
22 Cash, savings, and investments		<u> </u>	29051.			26664.
23 Land and buildings				23		
Other assets (describe in Schedule 0)			00051	24		06664
25 Total assets		<u> </u>	29051.			26664.
26 Total liabilities (describe in Schedule 0)		-	0.			0.
Net assets or fund balances (line 27 of column (B) must agree with line 21)	min (II		29051.	27		26664.
Part III Statement of Program Service Accomplishme	•	ions for F	art III.) 1	$ \mathbf{x} $		penses for section
Check if the organization used Schedule 0 to respond to any question					501(c)(3)	and 501(c)(4)
What is the organization's primary exempt purpose? See Schedule (ons and section) trusts; optional
Describe what was achieved in carrying out the organization's exempt pu					or others.	
the services provided, the number of persons benefited, and other relevant						-
28 UTILITY ASSISTANCE, FUEL ASSISTANCE				-		
FIXED BUS ROUTE TRANSPORTATION, REI	NTAL ASSIS	I'ANC.	E AND	-		
CHILD CARE ARREARAGE		•		— <u> </u>		41304.
(Grants \$ 29203.) If this amount includes foreign	grants, check here		▶ (²	8a	41304.
29						
VIII					00	
(Grants \$) If this amount includes foreign	grants, check here				9a	
30						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				اء	
(Grants \$) If this amount includes foreign	grants, cneck nere_		<u> </u>	3	0a	
31 Other program services (describe in Schedule O)		•		<u>ا</u> ا۔	1a	
(Grants \$) If this amount includes foreign	grants, check here				32	41304.
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key I	-mnlovees		an deal componented (s			
		ach one ev	en il noi compensaled (s	ee ine in	Sauctions i	
Check if the organization used Schedule 0 to respond to any question	T	a houre	(a) Compensation	(d) Con	tributions	(a) Eynense
	(b) Title and average			to em	tributions ployee	(e) Expense
(a) Name and address	T		(c) Compensation (If not paid, enter -0)	to em benefit def	ployee plans & erred	
(a) Name and address	(b) Title and average per week devote position	d to	(If not paid, enter -0)	to em benefit def	ployee plans &	account and
(a) Name and address JULIE HARRIS	(b) Title and average per week devote position	d to	(If not paid, enter -0) DIRECTOR	to em benefit def	ployee plans & erred ensation	account and other allowances
(a) Name and address JULIE HARRIS 30 OLNEY STREET, TAUNTON, MA 02780	(b) Title and average per week devote position PRESIDENT 1.00	d to	(If not paid, enter -0) DIRECTOR 0.	to em benefit def	ployee plans & erred	account and
(a) Name and address JULIE HARRIS 30 OLNEY STREET, TAUNTON, MA 02780 CHARLENE SANGER	(b) Title and average per week devote position PRESIDENT 1.00 TREASURER	d to	(If not paid, enter -0) DIRECTOR 0. DIRECTOR	to em benefit def	ployee plans & erred ensation	account and other allowances
(a) Name and address JULIE HARRIS 30 OLNEY STREET, TAUNTON, MA 02780 CHARLENE SANGER 30 OLNEY STREET, TAUNTON, MA 02780	(b) Title and average per week devote position PRESIDENT 1.00 TREASURER 20.00	and And And	OIRECTOR O. DIRECTOR O. DIRECTOR O.	to em benefit def	ployee plans & erred ensation	account and other allowances
(a) Name and address JULIE HARRIS 30 OLNEY STREET, TAUNTON, MA 02780 CHARLENE SANGER 30 OLNEY STREET, TAUNTON, MA 02780 ALISON ROBLES, 202 SOMERSET AVENUE,	(b) Title and average per week devote position PRESIDENT 1.00 TREASURER 20.00 CLERK AND	and And And	(If not paid, enter -0) DIRECTOR 0. DIRECTOR 0. ECTOR	to em benefit def	ployee plans & erred ensation 0 .	account and other allowances 0 •
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	Check if the organization used Schedule O to respond to any question in this Part V			X
			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 0	33	<u> </u>	X
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	 	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, 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	05-		- T
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	N/	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	1N/	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	36	ŀ	х
27.	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions.			_^_
	, , , , , , , , , , , , , , , , , , , ,	37b		Х
	Did the organization file Form 1120-POL for this year? Pld the organization have under any learned a convention of key ampleyed or were any such learned and the organization have under any learned and the organization of the organization have under a convention of the organization of	3/0		A
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	38a	İ	X
,	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	304		
39	Section 501(c)(7) organizations. Enter:	┪		
	Initiation fees and capital contributions included on line 9 39a N/A		ļ	
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7	1	l
104	section 4911 ► 0 • ; section 4912 ► 0 • ; 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		X
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 D.			
е	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	L	X
41	List the states with which a copy of this return is filed. MA			
42 a	The organization's books are in care of \blacktriangleright CHARLENE SANGER Telephone no. \blacktriangleright 508–82			
	Located at ► 30 OLNEY STREET, TAUNTON, MA ZIP+4 ► C	<u> 278</u>	0	
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		Yes	_
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1	İ	٠,,
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	l	X
	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	37 / 3		ا ــــا
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·	
			Yes	No
44.	Did the second to second second second second of		165	NO
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	1	1	v
L	Form 990-EZ	44a	-	X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	145		v
_	of Form 990-EZ	44b	 	X
	Did the organization receive any payments for indoor tanning services during the year? If "Ves" to line 446, her the properties filed a Form 720 to report these narmosts? If "Ale, " provide an explanation	44c	 	 ^
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1	I	l
	ın Schedule O	44d	[ſ

INC.

TAUNTON EMERGENCY TASK FORCE,

Form 990-EZ	(2010) TAUNTON EMERGENCY TASK	FORCE, INC.		04-2833	221		Page 4
			-	·		Yes	
·=	elated organization a controlled entity of the organization within				45		X
	organization receive any payment from or engage in any transact		e meaning of section	512(b)(13)?	١		٠,
	Form 990 and Schedule R may need to be completed instead of			hla office?	45a	-	X
	organization engage, directly or indirectly, in political campaign a complete Schedule C, Part I	ctivities on benair of of in opposition	i to candidates for pu	one onice?	46		x
Part VI	Section 501(c)(3) organizations and section	n 4947(a)(1) nonexempt	charitable trus	sts only. All		n 501(d	
L	organizations and section 4947(a)(1) nonexempt charitable trus						
	Check if the organization used Schedule O to respond to any qu						
						Yes	No
47 Did the	organization engage in lobbying activities? If "Yes," complete s	Schedule C, Part II			47		X
	rganization a school as described in section 170(b)(1)(A)(ii)? If "				48		X
	organization make any transfers to an exempt non-charitable rela	ited organization?			49a		X
	was the related organization a section 527 organization?	la constalla de la constalla de la constalla de la constalla de la constalla de la constalla de la constalla d			49b		
	te this table for the organization's five highest compensated empl		s, trustees and key en	ipioyees) who e	aciire	ceiveu	illore
man \$ 1	00,000 of compensation from the organization. If there is none, e	(b) Title and average hours	(c) Compensation	(d) Contribution	s /	e) Expe	nse
	(a) Name and address of each employee paid more	per week devoted to	(c) compensation	to employee benefit plans &	ءَ ا	ccount	
	than \$100,000 NONE	position		deferred compensation	oth	er allov	ances
	*1V*1***			Compensation			
_							
-							
					-		
				****	+		
					- 1		
f Total nu	imber of other employees paid over \$100,000			,			
	te this table for the organization's five highest compensated inde	pendent contractors who each recer	ved more than \$100,	000 of compen	sation 1	rom th	е
	ation. If there is none, enter "None." NONE	· · · · · · · · · · · · · · · · · · ·	,				
	(a) Name and address of each independent contractor paid m	nore than \$100,000	(b) Type of ser	/ice	c) Con	npensa	tion
							-
			-				
			1				
							•
			1				
]				
d Total nu	mber of other independent contractors each receiving over \$100	0,000	-				
52 Did the	organization complete Schedule A? Note: All section 501(c)(3) o	rganizations and 4947(a)(1) nonexe	mpt		1	_	_
charitab	le trusts must attach a completed Schedule A	no accompanying schedules and statemen	its and to the hest of my	knowledge and b		es L	<u> No</u>
	Under penalties of per ury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based or	n all information of which preparer has any	knowledge	1/20	11		
Sign	Signature of officer			7/-29- Date	//		
Here							
	Type or print name and title						
	Print/Type preparer's name Preparer's sign	nature Date	Check	ıf PTIN			
Paid		11	self- emplo	yed	_		1
Preparer	RICHARD B DONAHUE	maka 11/21	/11	Pol	212	103	/
Use Only		PA PC	Firm's EIN	▶ 20 %	225	411	5
_	Firm's address ► 45 BRISTOL DRIVE		Phone no.	508-2	30-	360	0
	SOUTH EASTON, MA 0	2375					
May the IRS	discuss this return with the preparer shown above? See instruction	ons		▶[ΧY		No
032174					Form :	990-EZ	(2010)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection Employer identification number

_			TAUNTON	N_EMERGENCY_T	rask f	ORCE,	INC.			_ 0	<u>4-2833221</u>
Par	t I	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t) See ins	tructions.		
The o	rgan	zation is not	a private foundation	because it is. (For lines	1 through	11, check	only one b	oox.)			
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i	i).		
2		A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E))					
з [A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).			
4 [A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170)(b)(1)(A)(i	ii). Enter	the hospital's name,
		city, and stat	te·								
5 [An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	nt describ	ed in
	section 170(b)(1)(A)(iv). (Complete Part II)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X		•	ceives a substantial part					or from the	general	public described in
		=	(b)(1)(A)(vi). (Comple	·			J			Ū	•
8 [section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 [\neg			ceives: (1) more than 33			rom contr	butions, n	nembersh	p fees, a	nd gross receipts from
			-	nctions - subject to certa							
				axable income (less sec							
			509(a)(2). (Complete			•		·			
10 [perated exclusively to te	st for publ	ic safety.	See sectio	n 509(a)(4	4).		
11 [perated exclusively for the						y out the	purposes of one or
				ations described in secti							
				organization and compl							
		a Type I	1 b 🗌	☐ Type II 💢	с 🗀 тур	e III - Fund	tionally in	tegrated		d 🗌	Type III - Other
e 🗌		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons other than
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).
f		If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		supporting o	rganization, check th	nis box .							🗀
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontributior	from any	of the follow	owing per	sons?	· · · · · · · · · · · · · · · · · · ·
		(i) A perso	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and (iii) below,	, Yes No
		the gove	erning body of the s	upported organization?							11g(i)
		(ii) A famıly	member of a persor	n described in (i) above?	٠.						11g(ii)
		(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)
h		Provide the f	ollowing information	about the supported or	ganization	(s).					
(i) N	ame (of supported	(ii) EIN	(iii) Type of		organization			(vi) Is	the	(vii) Amount of
		nization	` '	organization (described on lines 1-9		sted in your		ion in col.	organization (i) organiz	ed in the	support
				above or IRC section	governing	document?	(i) of your	support?	U.S	.?	
				(see instructions))	Yes	No	Yes	No	Yes	No	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 TAUNTON EMERGENCY TASK FORCE, INC. 04-2833221 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Callendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total fofts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues leved for the organization of its behalf is a selected probability of the probabi	Sec	tion A. Public Support						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								. ▶∐
	18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s <u>▶</u>

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	Dolow, picase com	picto r ure ii j			· — — · · · · · · · · · · · · · · · · ·	····
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,		1				
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		 		 	+	
are not an unrelated trade or bus-			ļ.			
iness under section 513					+	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	j					
or expended on its behalf					 	
5 The value of services or facilities			1			
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					<u> </u>	
7a Amounts included on lines 1, 2, and	ı					•
3 received from disqualified persons	s					
b Amounts included on lines 2 and 3 received	1		1	}		1
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			,			
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest,				1		
dividends, payments received on	1					
securities loans, rents, royalties and income from similar sources			}]		
b Unrelated business taxable income						
(less section 511 taxes) from businesses	3					
acquired after June 30, 1975			ĺ	İ		
c Add lines 10a and 10b		 				
11 Net income from unrelated business	3					
activities not included in line 10b,						
whether or not the business is	1		1			i
regularly carried on Other income. Do not include gain					 	
or loss from the sale of capital	1					
assets (Explain in Part IV)			 		+	
13 Total support (Add lines 9, 10c, 11, and 12)	L	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>
14 First five years. If the Form 990 is for	or the organization'	s first, second, thu	rd, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	lie Comment De				.	
Section C. Computation of Pub					Т г	
15 Public support percentage for 2010	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	
16 Public support percentage from 200					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2			ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2010. If th						17 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2009. If th						
line 18 is not more than 33 1/3%, ch						▶∟
20. Private foundation. If the organization	on did not check a	hay on line 14, 19	a or 19h check th	ns hay and see in	structions	▶ i i

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

1162.

Employer identification number Name of the organization TAUNTON EMERGENCY TASK FORCE, INC. 04-2833221 Form 990-EZ, Part I, Line 4, Other Investment Income: Description of Property: Amount: 12. BRISTOL COUNTY SAVINGS BANK Form 990-EZ, Part I, Line 8, Other Revenue: Description of Other Revenue: Amount: ANNUAL MEETING 335. 100. CAN DRIVE Total to Form 990-EZ, line 8 435. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: 35. STATE FILING FEES 725. ADMINISTRATIVE EXPENSE FUND RAISING EXPENSE PRIOR YEAR 402.

Form 990-EZ, Part III, Primary Exempt Purpose - ASSIST INDIVIDUALS IN EMERGENCY SITUATIONS

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

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.

Total to Form 990-EZ, line 16