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Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** (2010)

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)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	81,244	22	72,196
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	1,925	24	0
25	Total assets	83,169	25	72,196
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	83,169	27	72,196

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>		(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? TO INCREASE THE SKILL AND EFFICIENCY OF THE FIREFIGHTERS OF ATTLEBORO, WHILE PROMOTING UNIONISM AMONG ITS MEMBERS			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 INCREASED THE SKILL AND EFFICIENCY LEVEL OF THE FIREFIGHTERS OF ATTLEBORO (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	0
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		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				
(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
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 significant 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 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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 <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
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 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		
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	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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 <input type="checkbox"/> MA		
42a	The organization's books are in care of <input type="checkbox"/> ORGANIZATION Telephone no <input type="checkbox"/> (508) 222-2325 100 UNION STREET Located at <input type="checkbox"/> ATTLEBORO, MA ZIP + 4 <input type="checkbox"/> 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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ 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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	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		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
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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

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

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.

Sign Here	***** Signature of officer		2013-08-12 Date		
	JASON MAYER, PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	JOHN S MCNAMARA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00530211
	Firm's name (or yours if self-employed), address, and ZIP + 4	HUGHES AND COMPANY PC ONE WEST FOSTER STREET MELROSE, MA 02176			EIN 04-2842388
					Phone no (781) 665-7100
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
INTERNATIONAL ASSOCIATION OF
FIREFIGHTERS LOCAL 848

Employer identification number

51-0236701

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.

(i) Name and address 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.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		COMEDY NIGHT	FIREFIGHTERS BALL		(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	59,420	3,680		63,100
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	59,420	3,680		63,100
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). ▶			63,100

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
	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

a	The organization's facility	13a
b	An outside facility	13b

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
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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization INTERNATIONAL ASSOCIATION OF FIREFIGHTERS LOCAL 848	Employer identification number 51-0236701
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 423
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO BADGERS DATE OF GIFT 01/08/11 AMOUNT GIVEN 150
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME MARSHALL CHILDRENS FUND DATE OF GIFT 01/27/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME GREG JOLLEY CLIMB FOR LIFE DATE OF GIFT 02/28/11 AMOUNT GIVEN 675
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME HEART OF ATTLEBORO DATE OF GIFT 03/09/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME BIG BROTHERS BIG SISTERS DATE OF GIFT 03/14/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO YOUTH BASEBALL DATE OF GIFT 03/23/11 AMOUNT GIVEN 150
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO VARSITY BOOSTERS DATE OF GIFT 04/05/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME LA CAMP DATE OF GIFT 04/15/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME CYSTIC FIBROSIS DATE OF GIFT 06/07/11 AMOUNT GIVEN 150
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME USPS MAILER DONATION DATE OF GIFT 06/10/11 AMOUNT GIVEN 295
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO POLICE ASSOCIATION DATE OF GIFT 06/14/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME POW MIA DATE OF GIFT 06/27/11 AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO FIREWORKS FUND DATE OF GIFT 06/28/11 AMOUNT GIVEN 700
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME PMC JIMMY FUND DATE OF GIFT 07/12/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME PROFESSIONAL FIREFIGHTERS OF MASS DATE OF GIFT 07/14/11 AMOUNT GIVEN 600
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME WHITFIELD FUND DATE OF GIFT 09/10/11 AMOUNT GIVEN 200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME NEW HOPE INC DATE OF GIFT 09/13/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME FRIENDS OF ATTLEBORO HOCKEY DATE OF GIFT 09/14/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME SAWH DATE OF GIFT 10/24/11 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME BLUEFISH BOOSTERS DATE OF GIFT 10/25/11 AMOUNT GIVEN 50
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME AMERICAN CANCER SOCIETY DATE OF GIFT 11/03/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME BOY SCOUTS OF AMERICA DATE OF GIFT 12/08/11 AMOUNT GIVEN 125
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME HOLIDAY FOOD DRIVE DATE OF GIFT 12/08/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME CHRISTMAS IS FOR KIDS DATE OF GIFT 12/08/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO VARSITY BOOSTERS DATE OF GIFT 12/08/11 AMOUNT GIVEN 110
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME SAGRA DATE OF GIFT 12/08/11 AMOUNT GIVEN 200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME MISCELLANEOUS AMOUNT GIVEN 2,612 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 10,517
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION PUBLIC RELATIONS AMOUNT 1,478 DESCRIPTION CONFERENCES, CONVENTIONS & MEETINGS AMOUNT 4,345 DESCRIPTION BANK CHARGES AMOUNT 67 DESCRIPTION COMMUNITY BREAKFAST AMOUNT 2,748 DESCRIPTION CALENDARS AMOUNT 1,103 DESCRIPTION CLOTHING EXPENSE AMOUNT 15,787 DESCRIPTION FLOWERS AMOUNT 366 DESCRIPTION IAFF DUES AMOUNT 12,470 DESCRIPTION INSURANCE AMOUNT 126 DESCRIPTION MISCELLANEOUS AMOUNT 1,064 DESCRIPTION OFFICE SUPPLIES AMOUNT 777 DESCRIPTION PFFM DUES AMOUNT 10,307 DESCRIPTION TAXES - OTHER AMOUNT 70 DESCRIPTION TELEPHONE AMOUNT 1,200 TOTAL TO FORM 990-EZ, LINE 16 51,908
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION DUE FROM MEMBERS BEG OF YEAR AMOUNT 1,925 END OF YEAR AMOUNT 0

TY 2011 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.

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	1,600	0	0
BRUCE TONDREAU 986 SO MAIN STREET ATTLEBORO,MA 02703	PRESIDENT/VICE PRESIDENT 1 00	1,000	0	0
PAUL JACQUES 1505 PARK STREET 118 ATTLEBORO,MA 02703	SECRETARY- TREASURER 4 00	1,600	0	0
AUSTIN TAPLEY 207 SMITH STREET ATTLEBORO,MA 02703	VICE PRESIDENT/EXEC BOARD 1 00	1,000	0	0
ALLAN MURRANT 76 HOLLY ROAD TAUNTON,MA 02780	EXEC BOARD 1 00	450	0	0
JASON MAYER 69 EAST BACON STREET SOUTH ATTLEBORO,MA 02703	EXEC BOARD 1 00	450	0	0
ANDREW NUNES 23 ALICE STREET DARTMOUTH,MA 02747	EXEC BOARD 1 00	250	0	0
MICHAEL WILSON 54B ALLENSON AVENUE SOUTH ATTLEBORO,MA 02703	EXEC BOARD 1 00	450	0	0
MARK PRIEST 391 READ STREET ATTLEBORO,MA 02703	EXEC BOARD 1 00	450	0	0
STEVEN BRENNICK 40 NICK ROCK ROAD ATTLEBORO,MA 02703	SEC- TREASURER/EXEC BOARD 1 00	450	0	0
DAVID HARDMAN 60 FOCH AVENUE SEEKONK,MA 02771	EXEC BOARD 1 00	450	0	0
JOHN BUCKLEY 270 NORTH MAIN STREET 302 MANSFIELD,MA 02048	EXEC BOARD 1 00	450	0	0