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Short Form

Return of Organization Exempt From Income Tax

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization: BUNKER HILL ASSOCIATES, INC.

Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 290755 Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: CHARLESTOWN, MA 02129-0755

D Employer identification number: 043619463

E Telephone number: 617 242-5493

F Group Exemption Number: _____

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: _____

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (527) (insert no.) 4947(a)(1) or 527

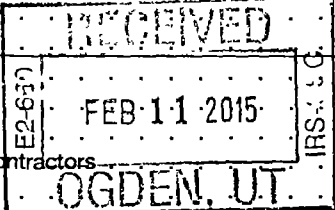
K Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	Benefits paid to or for members	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)
3	Membership dues and assessments	3	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	5b	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	6	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ <u>29,595.40</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	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			
		10			
		11			
		12			
		13			
		14			
		15			
		16			
		17			



SCANNED FEB 13 2015

Part V Other Information (Note the Schedule A and personal benefit contract 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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
35a	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)?		<input checked="" type="checkbox"/>
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		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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; section 4912; section 4955		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of <u>RONAN J. FITZPATRICK</u> Telephone no. <u></u> Located at <u>33 SHIPWAY BLAKE CHARLESTOWN MA</u> ZIP + 4 <u>02129-4203</u>		
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: <u></u> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <u></u>	42c	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u>		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

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 **46** Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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 Date
Roman J. Fitzpatrick *2/5/2015*
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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.

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

BUNKER HILL ASSOCIATES INC.

Employer identification number

043069463

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3350.00	12760.00	3905.00	4150.00	2825.00	26990.00
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	34744.00	30300.00	26680.00	30250.00	29595.40	151569.40
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	38094.00	43060.00	30585.00	34400.00	32420.40	178,559.40
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	—	—	—	—	—	
b Amounts included on lines 2 and 3 received 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.)	38094.00	43060.00	30585.00	34400.00	32420.40	178,559.40

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	38094.00	43060.00	30585.00	34400.00	32420.40	178,559.40
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	—	—	—	—	—	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	—	—	—	—	—	
c Add lines 10a and 10b	—	—	—	—	—	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	—	—	—	—	—	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	—	—	—	—	—	
13 Total support. (Add lines 9, 10c, 11, and 12.)	38094.00	43060.00	30585.00	34400.00	32420.40	178,559.40
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	100	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	100	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0	%

- 19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2014

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**

Name of the organization

BUNKER HILL ASSOCIATES, INC

Employer identification number

04-3069463

PART I LINE 10

SEE ATTACHED

PART I LINE 16

2/4/2014 COMMONWEALTH OF MASS. AG. PG. REPORT \$35.00

10/7/2014 COMMONWEALTH OF MASS. AR-180 \$15.00

\$50.00

PART IV

SEE ATTACHED

For Deposit Only
 Banker Hill Associates
 3-Hill Road
 P.O. Box 290755
 Charlestown, Mass. 02129-0213

Prepared By _____
 Approved By _____

2014
 Quarters

DATE	NAME	AMT.	Y.T.P.
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DATE	NAME	AMT.	Y.T.P.
12/1	Charlestown Holy Basket Ball	42	251000
12/9	St Francis De Sales Church Pkg. Fund	43	25100

BUNKER HILL ASSOCIATES
P.O. Box 290755
Charlestown, Mass. 02129-0213

For Deposit Only
 Member HIM Associates
 3-019088

Prepared By
 Audited By

**2019
 GRANTS**

DATE	NAME		AMT.	Y.T.D.
1-31	Di Domenico Foundation	1	300	300
1-31	CHARLESTOWN YMCA	2	300	600
2-22	SPECIAL TOWNIES PROGRAM BOOK	3	250	850
2-22	CHARLESTOWN GIRLS SOFTBALL	4	200	1050
2-22	CHARLESTOWN YOUTH HOCKEY	5	100	1150
2-22	CHARLESTOWN BOYS & GIRLS CLUB	6	200	1350
2-22	SPECIAL TOWNIES	7	200	1550
5-7	Memorial Fund for the Rev. Fr. James J. Conroy	8	200	1750
5-7	Patrol of Bunker Hill Parade Comm.	9	300	2050
11	Michael P. Quinn Scholarship 2014	10	200	2250
6-5	Clark's Hill Doll Carriage Parade	11	500	2750
11	A. Johnson	12	500	3250
11	C. Lynch	13	200	3450
11	Special Townies	14	100	3550
11	Doll Carriage	15	100	3650
11	Boys & Girls Club	16	150	3800
11	Quinn Scholarship	17	150	3950
11	Doll Carriage	18	100	4050
11	Special Townies	19	100	4150
11	Youth Football	20	100	4250
14	Robert Henry John Hardy	21	100	4350
14	Clark's Hill	22	100	4450
14	Patricia Sullivan Home	23	500	4950
7-7	St. Ignace De La Salle	24	200	5150
31	Charlestown Fire Department	25	300	5450
9-8	Memorial Fund for the Rev. Fr. James J. Conroy	26	300	5750
10-1	St. Ignace De La Salle	27	300	6050
11-6	Charlestown Boys & Girls Club	28	100	6150
12-3	Charlestown Youth Hockey	29	135	6285
11	Charlestown Youth Hockey	30	135	6420
11	St. Ignace De La Salle	31	135	6555
11	Charlestown Youth Hockey	32	135	6690
4	Charlestown Youth Football	33	135	6825
4	Charlestown Working Party	34	135	6960
2	Special Townies	35	135	7095
11	St. Ignace De La Salle	36	135	7230
11	Patrol of Bunker Hill Parade Comm.	37	135	7365
11	St. Ignace De La Salle	38	135	7500
11	Staying to Success	39	135	7635
11	Special Townies	40	135	7770
11	Clark's Hill Doll Carriage Parade	41	500	8270

BUNKER HILL ASSOCIATES**PO Box 290755****Charlestown, Ma 02129**

NAME	ADDRESS	ZIP
Leo Boucher	135 High St.,	Charlestown, Ma 02129
W. Boyle	230A Main St.	Charlestown, Ma 02129
L. Breen	110 W Emerson St	Melrose . Ma 02176
B. Callahan	77 Dover st.	Medford, Ma 02155
E. Callahan	17 Trenton St	Charlestown, Ma 02129
Philip Carr	58 Bancroft Rd	Melrose, Ma 02176
J. Carroll	100 Ferrin St	Charlestown M,a 02129
G. Collier	269 Bunker Hill St.	Charlestown, Ma 02129
M Collier	269 Bunker Hill St	Charlestown, Ma 02129
T. Cunha	427 Bunker Hill St.	Charlestown, Ma 02129
B Depauw	58 River St	Humarock, Ma 02047
J. Dewey	86A Tibbetts Town Way	Charlestown, Ma 02129
M. Donovan	86 Baldwin St.	Charlestown, Ma 02129
Damien Donovan	277 Beacon St.,	Boston, Ma 02126
R. FitzPatrick	33 Shipway Place	Charlestown, Ma 02129
D Flanagan	38 Chauncy St Apt 38	Weymouth, Ma 02190
J ason Gallagher	6 Chestnut St	Charlestown, Ma 02129
Sean Getchell	60 Dunstable St	Charlestown, Ma 02129
Kathleen Giordano	200 Captains Row #404	Chelsea, Ma 02150
Edward Greatorex	341 Bunker Hill St	Charlestown, MA 02129
Robert Harty	20 Eden St	Charlestown, MA 02129
P. Herrick	5 Jefferson Dr	Revere, Ma 02151
J. Hogan	3997 Royal Wood Blvd	Naples, Fl 34112
Shawn Jenkins	14 Wood St #2	Charlestown, Ma 02129
E. Kelly	9 Monument Sq.	Charlestown, Ma 02129
Henry Locke	254 Bunker Hill St	Charlestown, Ma 02129
Lisa McGoff-Collin	415 Bunker Hill St	Charlestown, Ma 02129
Joe McGonagle	253 Main St.	Charlestown, Ma 02129
Tomas O'Neil	21 Phipps St	Charlestown, MA 02129
Matthew O'Neil	26 Orchard Lane	Norwood, Ma 02062
Patrick Owens	26 Common St	Charlestown, Ma 02129
S. Owens	112 Baldwin St	Charlestown, Ma 02129
Jaffrie Perrotti	43 Pleasant St	Charlestown, Ma 02129
J. Pierce	4 Thetford Ave	Braintree, Ma 02184
Ned Rosselle	86 Allen Rd.	Billerica, Ma 01821
Daniel Ryan	19 Essex St	Charlestown, Ma 02129
Carolyn Shannon	16 Hillside Av	Burlington, Ma 02129
Daniel Sheehan	376 Main St	Charlestown, Ma 02129
John Taglilatela	378 Main St	Charlestown, Ma 02129
J Tucker	88 Bunker Hill St	Charlestown, MA 02129
J Walsh	2 Marshall Place	Charlestown, Ma 02129
John Whelan	50 Monument Ave	Charlestown, Ma 02129
D. Whelan	23 Ferrin St.	Charlestown, MA 02129
T. White	45 Mt. Vernon St.	Charlestown, Ma 02129