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Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-1150

▶ 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

| Depa Inter | artment o | of the Treasury nue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form990-EZ. | 90. | Inspection |
|---------------|---------------|--|-------------|----------------------------|
| AF | or the | 2015 calendar year, or tax year beginning OCTOBER 1, 2015 , 2015, and ending SE | PTEMA | ER 30 ,20 16 |
| _ | Check if a | | | dentification number |
| | Address o | | | 2833221 |
| _ | Name cha | | Telephone | |
| | Initial retu | | • | - 821- 1420 |
| | Final retui | m/terminated 30 OLNEY ST. City or town, state or province, country, and ZIP or foreign postal code | | |
| = | Amended | return AAACC AAACC | Group Ex | • |
| | | | Number | |
| | | | | if the organization is not |
| | Vebsite | | | tach Schedule B |
| | | | rm 990, 99 | 90-EZ, or 990-PF) |
| | | organization Corporation Trust Association Other | | |
| | | s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass | sets | |
| | | lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | s 25,408 |
| Р | art I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins | | |
| | | Check if the organization used Schedule O to respond to any question in this Part I. | · · · | <u> </u> |
| | 1 | Contributions, gifts, grants, and similar amounts received | . 1 | 25401 |
| | 2 | Program service revenue including government fees and contracts | . 2 | |
| | 3 | Membership dues and assessments | . 3 | |
| | 4 | Investment income | . 4 | 7 |
| | 5a | Gross amount from sale of assets other than inventory 5a | | |
| | Ь | Less: cost or other basis and sales expenses | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | . 5c |] |
| | 6 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than | | |
| e | ļ | \$15,000) | \\ | |
| Revenue | ь | Gross income from fundraising events (not including \$ of contributions | | |
| ě | - | from fundraising events reported on line 1) (attach Schedule G if the | | |
| ш. | į | sum of such gross income and contributions exceeds \$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 subtra | | |
| | - | line 6c) | 6d | 1 |
| | 7a | Gross sales of inventory, less returns and allowances | | |
| | b | Less. cost of goods sold | | |
| | 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 | 35400 |
| | - | Control of the contro | | 25 408 |
| | 10 | Benefits paid to or for members Salaries, other compensation, and employee benefits | . 10 | 27929 |
| | 11 | Behelits paid to or for members | . 11 | |
| Expenses | 12 | | . 12 | |
| ë | 13 | Professional fees and other payments to independent contractors | . 13 | |
| ă | 14 | Occupancy, rent, utilities, and maintenance | . 14 | <u> </u> |
| ш | 15 | Printing, publications, postage, and shipping | . 15 | 186 |
| | 16 | Other expenses (describe in Schedule O) | . 16 | 125 |
| | 17 | Total expenses. Add lines 10 through 16 | <u>▶ 17</u> | 27735 |
| છ | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | (2327) |
| set | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with | ith | |
| As | | end-of-year figure reported on prior year's return) | 19 | 34120 |
| Net Assets | 20 | Other changes in net assets or fund balances (explain in Schedule O) | . 20 | |
| Z | 21_ | Net assets or fund balances at end of year. Combine lines 18 through 20 | ▶ 21 | 31793 |
| | | Particular Act Nation and the congrete instructions | | 5 000 E7 (0015) |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2015)

| Pai | | | | | | |
|----------|--|--|--|-----------------------|--|--|
| | Check if the organization used Schedule | O to respond to a | ny question in this | | | <u></u> |
| -00 | Ocale assurance and assurantes | | ŀ | (A) Beginning of year | | B) End of year |
| 22 23 | Cash, savings, and investments | | | 34120 | 22 | 31793 |
| 24 | Other assets (describe in Schedule O) | | <u>_</u> | | 24 | |
| 25 | Total assets | | <u> </u> | 34120 | 25 | 31793 |
| 26 | Total liabilities (describe in Schedule 0) | |)- | 37160 | 26 | 31/13 |
| 27 | Net assets or fund balances (line 27 of column | | | 34120 | 27 | 31793 |
| Par | | | | | | |
| | Check if the organization used Schedule | - ' | | • | Į | Expenses |
| What | | ASSIST ENDIVI | | | | red for section (3) and 501(c)(4) |
| as m | eribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea | nanner, describe the ach program title | services provided | d, the number of | | zations, optional for |
| 28 | UTILITY ASSISTANCE, FUEL | - ASSISTANCE | , TRANSPORTA | trov, | | |
| | RENTAL ASSISTANCE | | | |] | |
| | (Grants \$) If this amount | includes foreign gra | ints check here | ▶ □ | 28a | 27 424 |
| 29 | <u> </u> | <u></u> | | | 200 | ~ /, (2) |
| | | | | | } } | |
| | | | | | | |
| | (Grants \$) If this amount | ıncludes foreign gra | ints, check here . | ▶ 🗍 | 29a | |
| 30 | | | | | | |
| | | | | | | |
| | | | | | [| |
| | | ıncludes foreign gra | nts, check here . | ▶ □ | 30a | |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | (Grants \$) If this amount | includes foreign gra | nts, check here . | ▶ 🗆 | 31a | |
| | Total program service expenses (add lines 28a | | | | 32 | 27424 |
| Par | | | | | nstructi | ons for Part IV) |
| | Check if the organization used Schedule | O to respond to ar | | | | <u> </u> |
| | (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | | oth | stimated amount of ler compensation |
| | JULIE HARRIS | | | | 1 | |
| | PRESIDENT + DIRECTOR | 1.00 | ↔ | 0 | | • |
| | CHARLENE BONENFANT | | | | | |
| | TREASURER + DIRECTOR | 20,00 | <u> </u> | _ - | 1 | - |
| | LAURA RAIA | | | | | |
| | CLERK + DIRECTOR | 1.00 | -0 | -0- | | |
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| Part | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | | |
|---------------|---|------------|---|------------|
| | instructions for Fact 4) Check in the organization used confedure of to respond to any question in this | rait | 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 | | <u>×</u> |
| 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 |
| 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)? | 35a | | ` x |
| 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 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 | 35b 35c | | Х Х |
| 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 | | <u>γ</u> χ |
| 37a b | Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? | 37b | <u> </u> | X X |
| 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 | ` . * * | X |
| 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| a b 40a | Initiation fees and capital contributions included on line 9 | | | |
| 40a b | section 4911 ► ; section 4912 ► , section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| J | 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 | \$ m. 1 | × |
| С | 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 | | | |
| đ | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| 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 | | <u>×</u> |
| 41 | List the states with which a copy of this return is filed ► MASSACHUSE TTS | | | |
| 42a | The organization's books are in care of ► CHARLENE BONEN FANT Telephone no. ► So | | | 1420 |
| b | Located at ► 30 OLNEY ST., TANNTON MA. ZIP + 4 ► 02 At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 784 | $\overline{}$ | |
| • | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Yes | No |
| | If "Yes," enter the name of the foreign country: ▶ | 420 | - } | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | | <u>X</u> _ |
| 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 | | . Yes | · 🗆 |
| 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 | 162 | 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 | | X |
| d | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | × |
| b | | * * * | | V |
| | · · · · · · · · · · · · · · · · · · · | 45b | ىلـــــــــــــــــــــــــــــــــــــ | |

| orm | 990-EZ | (2015) |
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| D | А |
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| | | | | | | | | Yes | No | |
|-----------|----------|--|--|--|--|-------------------------------------|-------------|---------------|---|--|
| | | ne organization engage, directly or in | | | | | tion 🎇 | | 2.4 | |
| | | ndidates for public office? If "Yes," o | | , Part I | <u></u> | <u> </u> | · 46 | <u> </u> | X | |
| Part \ | | Section 501(c)(3) organizations | | | _ | | | | | |
| | | All section 501(c)(3) organization | s must answer que | estions 47–49b and | d 52, and | complete th | e tables | for lin | ies | |
| | | 50 and 51. | | | | | | | | |
| | | Check if the organization used Sch | nedule O to respond | to any question in | this Part \ | <u>/l</u> | <u> </u> | | . 🗆 | |
| | | | | | | | | Yes | No | |
| | | he organization engage in lobbying | | section 501(h) electi | ion in effec | ct during the | tax | } | | |
| | year? | If "Yes," complete Schedule C, Part | tII | | | | . 47 |] | X | |
| 48 | is the | organization a school as described in | n section 170(b)(1)(A)(i | i)? If "Yes," complete | Schedule | Ε | . 48 | | X | |
| 49a | Did th | ne organization make any transfers to | o an exempt non-cha | ırıtable related organ | ization? . | | . 49a | | X | |
| b | If "Ye | es," was the related organization a se | ection 527 organizatio | on? | | | . 498 | , | X | |
| 50 | Com | plete this table for the organization's | five highest comper | sated employees (o | ther than o | fficers, direc | tors, trust | ees an | nd key | |
| | emple | oyees) who each received more than | \$100,000 of compe | nsation from the org | anization. I | f there is non | e, enter " | None.' | , | |
| | - | | (b) Average | (c) Reportable | | alth benefits, | | | | |
| | (a) | Name and title of each employee | hours per week | compensation | bonofit play | ons to employee ns, and deferred | | | | |
| | | • | devoted to position | (Forms W-2/1099-MISC | | pensation | Other CO | препва | uon | |
| | | NONE | | † | | | | | | |
| | | /. X. Q X. G | | | | | | | | |
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| | - | | | | | | | | | |
| | | | | } | | | | | r lines Yes No X S and key ne." amount of ensation | |
| | Total | number of other employees paid over | or \$100 000 | | | | L | | | |
| | | plete this table for the organization | | onceted independen | + 00ntroot | ba aaal | | | | |
| 51 | \$100 | ,000 of compensation from the orga | s live highest compl nization. If there is no | ensated independen one enter "None" | ii contracti | ors who each | received | more | tnan | |
| | | | | T | | | | | | |
| | (a) | Name and business address of each independ | ent contractor | (b) Type of se | rvice | (c | Compensat | ion | | |
| | | NONE | | | | | | | | |
| | | | ************************************** | 1 | | | | | | |
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| | | number of other independent contra | • | • | .▶ | -o- | | | | |
| | | the organization complete Schedu | ile A? Note: All se | ection 501(c)(3) org | anızatıons | must attacl | | _ | | |
| | comp | oleted Schedule A | <u> </u> | <u> </u> | · · · · · | <u> </u> | .►X Yes | <u> </u> | <u>No</u> | |
| | | of perjury, I declare that I have examined this r | | | | | nowledge an | d belief, | ıt ıs | |
| true, con | rect, an | d complete Declaration of preparer (other than | Officer) is based on all into | ormation of which prepared | nas any knov | wiedge | | | | |
| | 1 | | | | | | | | | |
| Sign | , | Signature of officer | D 0~ | - 0 | | Date NA | 7)~ | 12 | _ | |
| Here | | Charlone | Dovontor | DI | | <i>\</i> | 1/02 |) <u>/</u> (C |) ——— | |
| | | Type or print name and title | | | | | | | | |
| Paid | | Print/Type preparer's name | Preparer's signature | 5 | Date | Check | If PTIN | | | |
| Prepa | arer | | <u></u> | | | self-emplo | | | | |
| Use C | | Firm's name ▶ | | | F | imi's EIN ▶ | | | | |
| USE L | ~!!!Y | | | | | | | | | |
| | • | Firm's address ▶ | | | F | hone no. | | | | |
| | e IRS | Firm's address ► discuss this return with the preparer | shown above? See | instructions | F | | ► ☐ Yes | ; [] I | No | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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. OMB No 1545-0047

2015

Open to Public Inspection

| Name | of the organization | | | | | Employer identification | n number |
|------|--|---|--|---------------------------------|---------------------------------------|---|---|
| | TAUNTON E | MERGENCY | TASK FOI | RCE] | DNC. | 04-2833 | 221 |
| Par | | | | | | | ons. |
| | organization is not a private found | | - | | - | • | |
| 1 | A church, convention of church | | | | | | |
| 2 | A school described in section | | • | | | • • | |
| 3 | A hospital or a cooperative ho | | | | | | (!!!\ F-1 H |
| 4 | A medical research organization hospital's name, city, and state | | onjunction with a nosp | oitai desc | ribea in s | section 170(b)(1)(A) | (III). Enter the |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | the benefit of a | college or university | owned o | r operate | ed by a government | tal unit described i |
| 6 | A federal, state, or local gover | | mantal unit describes | l in sosti | nn 470/h) | /4\/A\/.A | |
| 7 | An organization that normally described in section 170(b)(1) | receives a subs | stantial part of its sup | | | | n the general public |
| 8 | ☐ A community trust described | in section 170(b |)(1)(A)(vi). (Complete | Part II) | | | |
| 9 | An organization that normally receipts from activities relate support from gross investme acquired by the organization a | receives: (1) mo d to its exempt ent income and | ore than 331/3% of its functions—subject to unrelated business | support certain taxable i | exception | ns, and (2) no more ess section 511 ta | e than 331/3% of it |
| 10 | An organization organized and | d operated exclu- | sively to test for public | c safety. | See sect | ion 509(a)(4). | |
| 11 | An organization organized and one or more publicly supporter the box in lines 11a through 11 | d organizations d | lescribed in section 5 | 09(a)(1) o | r section | 509(a)(2). See sect | ion 509(a)(3). Checl |
| а | Type I. A supporting organiz | | | - | | • | • |
| a | the supported organization(sorganization. | s) the power to re | egularly appoint or ele | | | | |
| b | ☐ Type II. A supporting organic control or management of the organization(s). You must c. | ne supporting org | ganization vested in th | | | | |
| С | ☐ Type III functionally integrated its supported organization(s) | | | | | | y integrated with, |
| d | ☐ Type III non-functionally in that is not functionally integr requirement (see instruction | ated. The organi | zation generally must | satisfy a | distributi | on requirement and | |
| е | Check this box if the organize functionally integrated, or Ty | | | | | | I, Type III |
| f | Enter the number of supported | organizations . | | | | | [|
| g | Provide the following informatio | n about the supp | oorted organization(s). | | | | — ——————————————————————————————————— |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | <u> </u> | | | |
| (E) | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | ľ * · · | , | 1 | 1 | | |

| Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A) | Schedy | le A (Form 990 or 990-EZ) 2015 | | | | | | Page 2 |
|--|--------|---|---|------------------|------------------|-------------------|--|---------------|
| 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) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total organization organization withoutions, and include any 'unusual grants.') 2 Tax revenues levied for the organization without or argue the shalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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 include on line 1 that exceeds 2% of the amount shown on line 11, oblumin (f). 6 Public support, Subtract his 5 from line 4. 8 Gross income from interest, dividends, payments recaived on securities loans, erents, organization and organization without positive care organization without positive care organization organization. Public support document from similar sources 9 Nat 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). 1 Total support Add lines 7 through 10 forces recepts from related activities, etc. (see instructions) 1 Total support decrease from 2014 (see fixed unit) (d) divided by line 11, column (f) 11 (a) 79,75 % 1 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) 11 (a) 79,75 % 1 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) 11 (a) 79,75 % 1 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) 11 (a) 79,75 % 1 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) 11 (a) 79,75 % 1 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) 11 (a) 79,75 % 2 Public support percentage for 2015 (line 6, column (f) divided b | Part | Support Schedule for Organization | ations Descr | ibed in Sect | ions 170(b)(1 | I)(A)(iv) and | 170(b)(1)(A)(v | i) |
| Section A. Public Support Calendar year for fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total membership feas received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization without charge. 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). 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes 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 (Epplain in Part VI). 11 Total support. Add lines 7 through 10 20 Calendar year (or fiscal year beginning in) P (a) 2015 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total support organization, check this box and stop here. 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 (Epplain in Part VI). 11 Total support. Add lines 7 through 10 2 Cross receipts from related activities, etc. (See instructions) 3 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)). 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)). 16 33/a/s support test—2015, if the organization did not check the box on line 13, 16a, and line 15 is 33/a/s or more, check this box and stop here. The organization qualifies as a publicly supported organization on least the "facts-and-circumstances" test, check this box and stop here. Explain in meets the "facts-and-circumstances" test, | | | | | | | | alify under |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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

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