



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492257004397

Form 990-EZ

Return of Organization Exempt From Income Tax

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.

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS LOCAL 848

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

100 UNION STREET

City or town, state or province, country, and ZIP or foreign postal code

ATTLEBORO, MA 02703

D Employer identification number

51-0236701

E Telephone number

(508) 222-2325

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:

ATTLEBOROFIREFIGHTERS.COM

J Tax-exempt status (check only one)

☐ 501(c)(3)

☒ 501(c)(5)

(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

\$ 142,654

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 | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 24,054 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 55,552 |
| | 4 | Investment income | 4 | 283 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | 642 |
| | b | Less cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 642 |
| | 6 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b | Gross income from fundraising events (not including \$ 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 | 62,123 | |
| c | Less direct expenses from gaming and fundraising events | 6c | 35,777 | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 26,346 | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| b | Less cost of goods sold | 7b | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe in Schedule O) | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 106,877 | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 20,225 |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 9,900 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 3,305 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe in Schedule O) | 16 | 56,403 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 89,833 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 17,044 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 115,296 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0 |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 132,340 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2016)

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☒

| | (A) Beginning of year | | (B) End of year |
|---|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 116,426 | 22 | 132,340 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 24 | |
| 25 Total assets | 116,426 | 25 | 132,340 |
| 26 Total liabilities (describe in Schedule O). | 1,130 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 115,296 | 27 | 132,340 |

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒
What is the organization's primary exempt purpose?
TO INCREASE THE SKILL AND EFFICIENCY OF THE FIREFIGHTERS OF ATTLEBORO, WHILE PROMOTING UNIONISM AMONG ITS MEMBERS
Describe 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
See Additional Data Table
(Grants \$) If this amount includes foreign grants, check here ☐
29
(Grants \$) If this amount includes foreign grants, check here ☐
30
(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32**

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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 title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|--|---|--|
| JACOB SPRINGS | 4 00 | 2,000 | 0 | 0 |
| PRESIDENT | | | | |
| AUSTIN TAPLEY | 1 00 | 1,000 | 0 | 0 |
| VICE PRESIDENT | | | | |
| JOHN BUCKLEY | 4 00 | 1,500 | 0 | 0 |
| TREASURER | | | | |
| JUSTIN JACKSON | 1 00 | 1,500 | 0 | 0 |
| SECRETARY | | | | |
| ANDREW NUNES | 1 00 | 500 | 0 | 0 |
| EXEC BOARD | | | | |
| MARK PRIEST | 1 00 | 500 | 0 | 0 |
| EXEC BOARD | | | | |
| MARK RENKER | 1 00 | 400 | 0 | 0 |
| SARGENT AT ARMS | | | | |
| STEVE BRENNICK | 1 00 | 500 | 0 | 0 |
| EXEC BOARD | | | | |
| PHIL DECOSTA | 1 00 | 500 | 0 | 0 |
| EXEC BOARD | | | | |
| JAY MAYER | 1 00 | 500 | 0 | 0 |
| EXEC BOARD | | | | |
| ROB KELLY | 1 00 | 500 | 0 | 0 |
| EXEC BOARD | | | | |
| MICHAEL MAITLAND | 1 00 | 500 | 0 | 0 |
| EXEC BOARD | | | | |

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 | 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 |
| 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 | | 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 ▶ 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 ▶ , 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 | | |
| 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 | | No |
| 41 List the states with which a copy of this return is filed ▶ MA | | | |
| 42a The organization's books are in care of ▶ JOHN BUCKLEY Telephone no ▶ (508) 222-2325 | | | |
| Located at ▶ 100 UNION STREET ATTLEBORO, MA ZIP + 4 ▶ 02703 | | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | No |
| If "Yes," enter the name of the foreign country ▶ | | | |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| c At any time during the calendar year, did the organization maintain an office outside the U S ? | 42c | | No |
| If "Yes," enter the name of the foreign country ▶ | | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | | |
| 44a Did the organization maintain any donor advised funds during the year? 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 | | |

| | | | |
|-----------|--|------------|-----------|
| | | 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 | 46 | 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 ☐

| | | | |
|------------|--|------------|-----------|
| | | 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 | 47 | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| 49b | If "Yes," was the related organization a section 527 organization? | 49b | |

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 |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 | | 2017-08-16 Date | |
| | JOHN BUCKLEY TREASURER Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name JOHN S MCNAMARA | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN P00530211 |
| | Firm's name ► HUGHES AND COMPANY PC | | | Firm's EIN ► 04-2842388 |
| | Firm's address ► ONE WEST FOSTER STREET MELROSE, MA 02176 | | | Phone no. (781) 665-7100 |

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

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

Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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. | | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|--|---|
| 28 INCREASED THE SKILL AND EFFICIENCY LEVEL OF THE FIREFIGHTERS OF ATTLEBORO (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | | 28a | 0 |

TY 2016 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.

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

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☐ In-person solicitations
- 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.

| (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 | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|---|--|-------------------------------------|--------------|------------------|--|
| | | COMEDY NIGHT (event type) | (event type) | (total number) | Total events (add col (a) through col (c)) |
| 1 | Gross receipts | 62,123 | | | 62,123 |
| 2 | Less Contributions | | | | |
| 3 | Gross income (line 1 minus line 2) | 62,123 | | | 62,123 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 35,777 | | | 35,777 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 35,777 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 26,346 | |

Part III Gaming. Complete if the organization answered "Yes" on 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 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
INTERNATIONAL ASSOCIATION OF
FIREFIGHTERS LOCAL 848**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.

▶ 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.

OMB No 1545-0047

2016**Open to Public
Inspection****Employer identification number**

51-0236701

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---------------------------------|
| FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME | DESCRIPTION INTEREST AMOUNT 283 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION 250 GRANTEE NAME AIDEN LOS KICKS CANCER DATE OF GIFT 01/26/16 AMOUNT GIVEN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME REBECCA LYNN WHITFIELD FUND DATE OF GIFT 02/12/16 AMOUNT GIVEN 250 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME RELAY FOR LIFE DATE OF GIFT 03/22/16 AMOUNT GIVEN 100 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION 100 GRANTEE NAME BRENNAN ORG OF PARENTS DATE OF GIFT 04/09/16 AMOUNT GIVEN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION 250 GRANTEE NAME IST AND GOAL FOUNDATION DATE OF GIFT 04/09/16 AMOUNT GIVEN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME FOXBORO MDA DATE OF GIFT 04/23/16 AMOUNT GIVEN 250 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION 400 GRANTEE NAME ST BALDRICKS FOUNDATION DATE OF GIFT 04/09/16 AMOUNT GIVEN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION 75 GRANTEE NAME ST JOHN THE EVANGELIST DATE OF GIFT 05/03/16 AMOUNT GIVEN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION 100 GRANTEE NAME ATTLEBORO RECREATION DATE OF GIFT 05/03/16 AMOUNT GIVEN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO LACROSSE DATE OF GIFT 05/11/16 AMOUNT GIVEN 300 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME ROTARY CLUB OF ATTLEBORO DATE OF GIFT 06/10/16 AMOUNT GIVEN 150 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME SOUTH ATTLEBORO LIONS CLUB DATE OF GIFT 05/03/16 AMOUNT GIVEN 100 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO FIREWORKS FUND DATE OF GIFT 06/07/16 AMOUNT GIVEN 800 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME JIMMY FUND/PMC DATE OF GIFT 07/01/16 AMOUNT GIVEN 100 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME CITY OF ATTLEBORO - HALLOWEEN FUND DATE OF GIFT 10/10/16 AMOUNT GIVEN 200 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME SPECIAL OLYMPICS DATE OF GIFT 10/17/16 AMOUNT GIVEN 500 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION 100 GRANTEE NAME ATTLEBORO WHITE HAWKS DATE OF GIFT 10/10/16 AMOUNT GIVEN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME HAYLEY SANFORD MEMORIAL CHEERLEADING SCHOLARSHIP GRANTEE NAME HAYLEY SANFORD MEMORIAL CHEERLEADING SCHOLARSHIP DATE OF GIFT 11/03/16 AM OUNT GIVEN 10,445 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME DANA FARBER DATE OF GIFT 03/08/16 AMOUNT GIVEN 250 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME MUSCULAR DYSTROPHY ASSOCIATION DATE OF GIFT 12/03/16 AMOUNT GIVEN 1,980 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME NATIONAL MS SOCIETY DATE OF GIFT 03/08/16 AMOUNT GIVEN 500 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO HIGH SCHOOL GRIDIRON CLUB DATE OF GIFT 05/03/16 AMOUNT GIVEN 100 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO VARSITY BOOSTERS DATE OF GIFT 06/10/16 AMOUNT GIVEN 225 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME SAINT THERESA'S DATE OF GIFT 09/06/16 AMOUNT GIVEN 100 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME MISCELLANEOUS DATE OF GIFT 07/01/16 AMOUNT GIVEN 1,150 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME ANAWAN TRUST SCHOLARSHIPS DATE OF GIFT 08/01/16 AMOUNT GIVEN 1,000 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME ATTLEBORO SCHOLARSHIP FOUNDATION DATE OF GIFT 11/11/16 AMOUNT GIVEN 200 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION GRANTEE NAME HOLIDAY SPIRIT DRIVE DATE OF GIFT 10/17/16 AMOUNT GIVEN 250 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 20,225 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION COMMUNITY BREAKFAST AMOUNT 2,546 DESCRIPTION CLOTHING EXPENSE AMOUNT 4,964 DESCRIPTION CALENDAR EXPENSE AMOUNT 845 DESCRIPTION IAFF DUES AMOUNT 12,828 DESCRIPTION INSURANCE AMOUNT 3,025 DESCRIPTION MISCELLANEOUS AMOUNT 11,645 DESCRIPTION OFFICE SUPPLIES AMOUNT 792 DESCRIPTION PFFM DUES AMOUNT 13,464 DESCRIPTION TAXES - OTHER AMOUNT 57 DESCRIPTION TELEPHONE AMOUNT 1,600 DESCRIPTION FUNERALS AND MEMORIALS AMOUNT 4,637 TOTAL TO FORM 990-EZ, LINE 16 56,403 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES | DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,130 END OF YEAR AMOUNT 0 |