

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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)
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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization: MASSACHUSETTS LOCKSMITHS INC ANDREW LABAO
Number and street (or P O box, if mail is not delivered to street address): 46 MILNER STREET
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: WALTHAM, MA 02451

D Employer identification number: 04-2788145
E Telephone number: (617) 620-2173
F Group Exemption Number:

G Accounting Method: [x] Cash [] Accrual Other (specify)
I Website: N/A
J Tax-exempt status (check only one): [] 501(c)(3) [x] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

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

K Form of organization: [x] 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. \$ 22,145

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 [x]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total: 22,145). Rows 10-17: Expenses (Total: 24,008). Rows 18-21: Net Assets (Total: 107,182).

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

		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		
b 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	2018-04-04 Date
ANDREW LABAO TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT REED	Preparer's signature	Date 2018-04-18	Check <input type="checkbox"/> if self-employed	PTIN P01243746
	Firm's name ▶ RS REED CPA LLC	Firm's EIN ▶ 27-3168101			
	Firm's address ▶ PO BOX 447 NORFOLK, MA 020560447	Phone no (508) 520-0208			

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

Additional Data

Software ID:

Software Version:

EIN: 04-2788145

Name: MASSACHUSETTS LOCKSMITHS INC
ANDREW LABAO

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 THE EDUCATION AND COOPERATION OF LOCKSMITHS IN THE FIELD THROUGH MEETINGS AND SEMINARS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 THE EDUCATION AND COOPERATION OF LOCKSMITHS IN THE FIELD THROUGH MEETINGS AND SEMINARS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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.

▶ 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.

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Internal Revenue Service

Name of the organization
MASSACHUSETTS LOCKSMITHS INC
ANDREW LABAO

Employer identification number

04-2788145

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES NEWSLETTER 900 WEB PAGE 720 FLEA MARKET 500 DONATIONS 504 SUPPLIES 434 BANK FEE 12 DATABASE 575 EXECUTIVE MEETINGS 4,977 HALL RENTAL 2,681 REGULAR MEETINGS 2,152 BBQ 2,658 MINI SHOW 2,194 YANKEE SWAP 821 HOLIDAY PARTY 1,868 AWARDS 1,491 SUMMER OUTING 631 TOTAL 23,118

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE EDUCATION AND COOPERATION OF LOCKSMITHS IN THE FIELD THROUGH MEETINGS AND SEMINARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	THE EDUCATION AND COOPERATION OF LOCKSMITHS IN THE FIELD THROUGH MEETINGS AND SEMINARS