



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



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2007**Open to Public Inspection****A For the 2007 calendar year, or tax year beginning**

, and ending

B Check if applicable☐ Address change☐ Name change☐ Initial return☐ Termination☒ Amended return☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

IAFF Local 76 Somerville

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

266 Broadway

City or town

State or country

ZIP + 4

Somerville

MA

02145

D Employer identification number

04-6072421

E Telephone number

(617) 623-9883

F Accounting method ☒ Cash ☐ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G Website:** ▶ somervillelocal76.org**J Organization type** (check only one) ▶ ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**M** Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

187,019

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**1** Contributions, gifts, grants, and similar amounts received**a** Contributions to donor advised funds**1a** 0**b** Direct public support (not included on line 1a)**1b** 17,965**c** Indirect public support (not included on line 1a)**1c** 0**d** Government contributions (grants) (not included on line 1a)**1d** 0**e** Total (add lines 1a through 1d) (cash \$ 17,965 noncash \$ 0)**1e** 17,965**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 88,065**3** Membership dues and assessments**3** 77,900**4** Interest on savings and temporary cash investments**4** 3,089**5** Dividends and interest from securities**5** 0**6a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss). Subtract line 6b from line 6a**6c** 0**7** Other investment income (describe)**7** 0**8a** Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a 0**b** Less cost or other basis and sales expenses**8b** 0**c** Gain or (loss) (attach schedule)**8c** 0**d** Net gain or (loss). Combine line 8c, columns (A) and (B)**8d** 0**9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ 0 of contributions reported on line 1b)**9a** 0**b** Less direct expenses other than fundraising expenses**9b** 0**c** Net income or (loss) from special events. Subtract line 9b from line 9a**9c** 0**10a** Gross sales of inventory, less returns and allowances**10a** 0**b** Less cost of goods sold**10b** 0**c** Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a**10c** 0**11** Other revenue (from Part VII, line 103)**11** 0**12** Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12** 187,019

Expenses

13 Program services (from line 44, column (B))**13** 163,465**14** Management and general (from line 44, column (C))**14** 10,219**15** Fundraising (from line 44, column (D))**15** 39,318**16** Payments to affiliates (attach schedule)**16** 0**17** Total expenses. Add lines 13 and 14, column (A)**17** 213,002

Net Assets

18 Excess or (deficit) for the year. Subtract line 17 from line 12**18** -25,983**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 115,502**20** Other changes in net assets or fund balances (attach explanation)**20** 0**21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20**21** 89,519

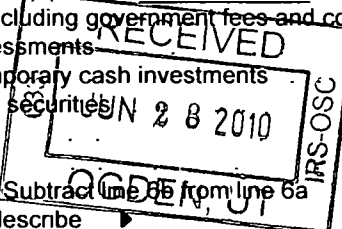
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2007)

(HTA)

AMENDED

SCANNED JUL 30 2010



p4

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>37,285</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 37,285	37,285		
23	Specific assistance to individuals (attach schedule)	23 2,000	2,000		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 30,884	30,884	0	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 0			
27	Pension plan contributions not included on lines 25a, b, and c	27 0			
28	Employee benefits not included on lines 25a – 27	28 0			
29	Payroll taxes	29 0			
30	Professional fundraising fees	30 39,318			39,318
31	Accounting fees	31			
32	Legal fees	32 16,796	16,796		
33	Supplies	33 0			
34	Telephone	34 1,357		1,357	
35	Postage and shipping	35 0			
36	Occupancy	36 0			
37	Equipment rental and maintenance	37 1,320		1,320	
38	Printing and publications	38 0			
39	Travel	39 1,016	1,016		
40	Conferences, conventions, and meetings	40 8,505	8,505		
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 1,291	0	1,291	0
43	Other expenses not covered above (itemize)				
a	Fire Fighters Per Capita	43a 36,177	36,177	0	0
b	Member Events	43b 23,278	23,278	0	0
c	Office Expense	43c 6,251	0	6,251	0
d	Color Guard	43d 1,563	1,563	0	0
e	Funeral/Memorial Expenses	43e 5,961	5,961	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44 213,002	163,465	10,219	39,318

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► Support firefighters in Somerville, MA and their community.		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	Per Capita fees and dues paid to Int'l and Nat'l Assoc. of fire fighters for FF benefits. Amounts paid for attendance at conventions and meetings. Funds also used to assist FF with contract and labor problems. (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	93,313
b	Various Member events, such as holiday parties, memorial events, sporting events to benefit all all active and retired members and thier families. (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30,867
c	Contributions made to support various community activities and to give scholarships to children of Fire Fighters (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	39,285
d (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
e	Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	163,465

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	28,271	45	13,618
	46 Savings and temporary cash investments	81,422	46	68,541
	47 a Accounts receivable	47a 0		
	b Less allowance for doubtful accounts	47b 0	0 47c	0
	48 a Pledges receivable	48a 0		
	b Less allowance for doubtful accounts	48b 0	0 48c	0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less allowance for doubtful accounts	51b 0	0 51c	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	2,842
	54 a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a Investments—land, buildings, and equipment basis	55a 6,454		
	b Less: accumulated depreciation (attach schedule)	55b 1,936	5,809 55c	4,518
	56 Investments—other (attach schedule)	0	56	0
	57 a Land, buildings, and equipment, basis	57a 0		
b Less accumulated depreciation (attach schedule)	57b 0	0 57c	0	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)	0	58	0	
59 Total assets (must equal line 74) Add lines 45 through 58	115,502	59	89,519	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/>)	0	65	0
	66 Total liabilities. Add lines 60 through 65	0	66	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	62,322	67	31,675
	68 Temporarily restricted	53,180	68	57,844
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	115,502	73	89,519
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	115,502	74	89,519

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		0
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		0
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		0
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		0
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name John Colbert	Str 20 Henry Ave.	Title President			
City Somerville	ST MA ZIP 02144	Hr/WK 20	0	0	16,405
Name Stephen Layton	Str 99 Glen Road	Title Vice President			
City Wilmington	ST MA ZIP 01887	Hr/WK 20	0	0	4,609
Name James Gallagher	Str 9 Seaford Street	Title Treasurer			
City Wilmington	ST MA ZIP 01887	Hr/WK 20	0	0	6,082
Name Rudi Revilla	Str 139 Lowell Street	Title Board Member			
City Somerville	ST MA ZIP 02143	Hr/WK 2	0	0	541
Name Thomas Ross	Str 53 Irwin Street	Title Board Member			
City Medford	ST MA ZIP 02155	Hr/WK 2	0	0	541
Name Mark Wall	Str 43 Albion Street	Title Board Member			
City Medford	ST MA ZIP 02155	Hr/WK 2	0	0	541
Name Stephen Belski	Str 7 Lynden Ave	Title Board Member			
City Somerville	ST MA ZIP 02143	Hr/WK 2	0	0	541
Name Carol Atherton	Str 10 Derby Street	Title Board Member			
City Somerville	ST MA ZIP 02145	Hr/WK 2	0	0	541
Name John Fitzgerald	Str 17 Carter Terrace	Title Board Member			
City Somerville	ST MA ZIP 02143	Hr/WK 2	0	0	541
Name David Stifter	Str 97 Pennsylvanis Ave.	Title Board Member			
City Somerville	ST MA ZIP 02145	Hr/WK 2	0	0	541

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 10		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

Part VI Other Information (See the instructions)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures (See line 81 instructions)	81a	2,000
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	X	
c	Dues, assessments, and similar amounts from members	85c N/A	
d	Section 162(e) lobbying and political expenditures	85d N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/> .		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> MA		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions).	90b NONE	
91 a	The books are in care of <input type="checkbox"/> Name James Gallagher Telephone no <input type="checkbox"/> (617) 869-8450 Located at <input type="checkbox"/> 266 Broadway City Somerville ST MA ZIP + 4 <input type="checkbox"/> 02145		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/>	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

Yes	No
	X

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Publication of Advertising Book					64,931
b Golf Tournament					15,860
c Member Events					7,274
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					77,900
95 Interest on savings and temporary cash investments			14	3,089	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		3,089	165,965
105 Total (add line 104, columns (B), (D), and (E))					169,054

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93(a)	Proceeds are used to send delegates to conventions and meetings, at which Fire Fighters issues are discussed
93(b)	Proceeds are used to give scholarships to children of active, retired and deceased fire fighters
93(c)	Proceeds are used to support member services and provide recreation for the fire fighters and their families
94	Membership dues are used to pay fire fighters per capita (dues to National and Int'l Fire Fighters Associations)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

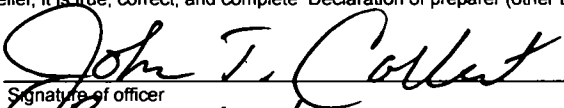

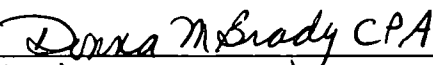
107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here	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.			
	 Signature of officer		6-24-10 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	 Donna M. Brady CPA	Date	6/22/2010
	Firm's name (or yours if self-employed), address, and ZIP + 4	12A Roosevelt Ave, Hull, MA 02045		Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN (See Gen. Inst. X) 026-40-9074
			EIN	
			Phone no	(781) 925-5318

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	17,965	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5		5
6		6
7		7
8		8
9		9
10 Total	17,965	10 0
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)		

37,285

[illegible]

Part II, Line 23 (990) - Specific Assistance to Individuals

2,000

Class of Activity		Amount
1	Scholarships	
2	Jaclyn Levesque, 29 Peral Street, Melrose, MA 02176	500
3	Derek Fitzpatrick, 1 Russell Road, Wilmington, MA 01887	500
4	Michael Lucia, 2 Raymond Road, Burlington, MA 01821	500
5	Keith Barclay, 24 Justin Ct., Dracut, MA 01826	500
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part IV, Line 55 (990) - Investments - Land, Buildings, and Equipment

		6,454	645	1,936	5,809	4,518
Category or Item		Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance
1	Furniture and Fixtures	3,950	395	1,185	3,555	2,765
2	Equipment	2,504	250	751	2,254	1,753
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
16						0
17						0
18						0
19						0
20						0

Part VII, Line 93 (990) - Program Service Revenue

		Unrelated business income		Excluded by section 512, 513, or 514		
		(A)	(B)	(C)	(D)	(E)
Program Service Revenue		Business code	Amount	Exclusion code	Amount	Related or exempt function income
a	Publication of Advertising Book					64,931
b	Golf Tournament					15,860
c	Member Events					7,274
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes

	Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	93(a)	Proceeds are used to send delegates to conventions and meetings, at which Fire Fighters issues are discussed
2	93(b)	Proceeds are used to give scholarships to children of active, retired and deceased fire fighters
3	93(c)	Proceeds are used to support member services and provide recreation for the fire fighters and their families
4	94	Membership dues are used to pay fire fighters per capita (dues to National and Int'l Fire Fighters Associations)
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		