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Form **990-EZ****Short Form****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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning , and ending				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization IAFF Local 76 Somerville		D Employer identification number 04-6072421
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 617-823-7677
		266 Broadway		
		City, town, or country State ZIP + 4	Somerville MA 02145	F Group Exemption Number ►

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

G Accounting method. ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► somervillelocal76.org**J Organization type** (check only one)— ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **179,878**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	73,208
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	82,993
	4 Investment income	4	2,011
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 57,801 of contributions reported on line 1)	6a	21,666
b Less: direct expenses other than fundraising expenses	6b	25,356	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-3,690	
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	0	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	154,522	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	24,182
	11 Benefits paid to or for members	11	14,238
	12 Salaries, other compensation, and employee benefits	12	31,696
	13 Professional fees and other payments to independent contractors	13	41,731
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,971
	16 Other expenses (describe ► See attached statement)	16	58,250
	17 Total expenses. Add lines 10 through 16	17	172,068
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,546	
Net Assets	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	89,519
	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 through 20	21	71,973

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	82,159	22 67,797
23 Land and buildings		23
24 Other assets (describe ► See attached statement)	7,360	24 4,176
25 Total assets	89,519	25 71,973
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	89,519	27 71,973

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

SCANNED AUG 16 2010

P13

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

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? Support Fire Fighters in Somerville MA and their community
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Per Capita fees and dues paid to International and National Fire Fighting Associations for Fire Fighters Benefits. Amounts paid for attendance at conferences and meetings. Funds also used to assist Fire Fighters with contract and labor problems. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	87,034
29 Various Member events, such as holiday parties, memorial events, sporting events to benefit all active and retired members and their families. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	12,913
30 Contributions made to support various community activities and to give scholarships to children of Fire Fighters. (Grants \$ <u>30,182</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (attach schedule). (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses. (add lines 28a through 31a)	32	99,947

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)

(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	(e) Expense account and other allowances
Name <u>John Colbert</u> Str <u>20 Henry Ave.</u> City <u>Somerville</u> ST <u>MA</u> ZIP <u>02144</u>	Title <u>President</u> Hr/WK <u>20 00</u>	<u>0</u>	<u>0</u>	<u>15,910</u>
Name <u>Stephen Layton</u> Str <u>99 Glenn Road</u> City <u>Wilmington</u> ST <u>MA</u> ZIP <u>01887</u>	Title <u>Vice President</u> Hr/WK <u>20 00</u>	<u>0</u>	<u>0</u>	<u>5,136</u>
Name <u>James Gallagher</u> Str <u>9 Seaford Street</u> City <u>Wilmington</u> ST <u>MA</u> ZIP <u>01887</u>	Title <u>Secretary/Treasurer</u> Hr/WK <u>20.00</u>	<u>0</u>	<u>0</u>	<u>6,686</u>
Name <u>Rudi Revilla</u> Str <u>139 Lowell Street</u> City <u>Somerville</u> ST <u>MA</u> ZIP <u>02143</u>	Title <u>Broad Member</u> Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>567</u>
Name <u>Thomas Ross</u> Str <u>51 Irwin Street</u> City <u>Medford</u> ST <u>MA</u> ZIP <u>02155</u>	Title <u>Board Member</u> Hr/WK <u>2.00</u>	<u>0</u>	<u>0</u>	<u>567</u>
Name <u>Mark Wall</u> Str <u>43 Albion Street</u> City <u>Medford</u> ST <u>MA</u> ZIP <u>02155</u>	Title <u>Board Member</u> Hr/WK <u>2.00</u>	<u>0</u>	<u>0</u>	<u>566</u>
Name <u>Stephen Belski</u> Str <u>71 Lynden Ave.</u> City <u>Somerville</u> ST <u>MA</u> ZIP <u>02143</u>	Title <u>Board Member</u> Hr/WK <u>2.00</u>	<u>0</u>	<u>0</u>	<u>566</u>
Name <u>Carol Atherton</u> Str <u>10 Derby Street</u> City <u>Somerville</u> ST <u>MA</u> ZIP <u>02145</u>	Title <u>Board Member</u> Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>566</u>
Name <u>David Stilter</u> Str <u>97 Pennsylvania Ave.</u> City <u>Somerville</u> ST <u>MA</u> ZIP <u>02145</u>	Title <u>Board Member</u> Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>566</u>
Name <u>John Fitzgerald</u> Str <u>17 Carter Terrace</u> City <u>Somerville</u> ST <u>MA</u> ZIP <u>02143</u>	Title <u>Board Member</u> Hr/WK <u>2.00</u>	<u>0</u>	<u>0</u>	<u>566</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.	36	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	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 unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
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	
40 a	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) and (4) organizations. 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," complete Schedule L, Part I.	40b	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d	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	X
41	List the states with which a copy of this return is filed. ▶		
42 a	The books are in care of ▶ Name Thomas Ross Telephone no. ▶ 617-823-7677		
	Located at ▶ 266 Broadway City Somerville ST MA ZIP + 4 ▶ 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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶	42c	X
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. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

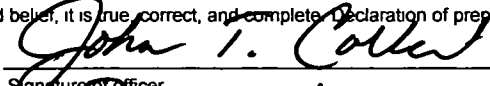

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes** **No**
46 ☐ ☒ X
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** ☐ ☒ X
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ ☒ X
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ ☒ X
- b** If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ ☐
- 50** Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶	0	0	0	0

- 51** Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 ▶	0	0

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		Date 6-24-10		
Paid Preparer's Use Only	 Type or print name and title				
	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP +4 Donna M. Brady CPA 12A Roosevelt Ave, Hull, MA 02045	Date 6/24/2010	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) 026-40-9074	
			EIN ▶	Phone no ▶ (781) 925-5318	

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

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

IAFF Local 76 Somerville

Employer identification number

04-6072421

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply
- | | |
|----------------------------------------------------------------------|-------------------------------------------------------------------------|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> 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. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 FF Ball/Xmas Party (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	8,256	13,410	57,801	79,467
	2 Less: Charitable contributions	0	0	57,801	57,801
	3 Gross revenue (line 1 minus line 2)	8,256	13,410	0	21,666
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	1,764	0	1,764
	6 Rent/facility costs	4,083	2,575	0	6,658
	7 Other direct expenses	4,739	12,195	0	16,934
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(25,356)
	9 Net income summary. Combine lines 3 and 8 in column (d)				-3,690

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				0
	2 Cash prizes				0
Direct Expenses	3 Non-cash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	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)				(0)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				0

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain. _____

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide 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? 15a		
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.		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$ 0		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? 17a		
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 I, Line 1 (990-EZ) -- Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	<u>15,407</u>
2	NonCash contributions	2	<u></u>
3	Membership dues and assessments (contributions from the public)	3	<u></u>
4	Government contributions (grants)	4	<u></u>
5	Commercial co-venture	5	<u></u>
6	Special events contributions (Line 6 - Special Events).	6	<u>57,801</u>
7	Associated organization contributions	7	<u></u>
8		8	<u></u>
9		9	<u></u>
10		10	<u></u>
11	Total	11	<u>73,208</u>

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	<u>2,011</u>
2	Dividends and interest from securities	2	<u></u>
3	Gross rents	3	<u></u>
4	Other investment income	4	<u></u>
5	Total	5	<u>2,011</u>

24,182

[illegible]

Part I, Line 16 (990-EZ)- Other Expenses

58,250

1	Travel, Meals and Entertainment	
	a Travel	1a 2,114
	b Total meals and entertainment	1b
2	Fundraising	2
3	From Form 4562 - Amortization	3
4	Conferences, conventions, and meetings	4 9,641
5	Depreciation, depletion, etc.	5 1,363
6	Equipment rental and maintenance	6 1,083
7	Interest	7
8	Supplies	8
9	Telephone	9 1,561
10	Unrelated business income taxes	10 0
11	Fire Fighter Memorial Maintenance	11 1,620
12	Professional Fire Figher Dues - Int'l, National and State	12 37,804
13	Office Expense	13 3,064
14		14
15		15
16		16
17		17
18		18
19		19
20		20
21		21
22		22
23		23
24		24
25		25
26		26

Part II, Line 24 (990-EZ) - Other Assets

7,360

4,176

Description		Beginning	End
1	Prepaid Expenses	2,842	300
2	Equipment, net of accumulated depreciation	4,518	3,876
3			
4			
5			
6			
7			
8			
9			
10			

Part II (Sch G (990/990EZ)) - Events

	Event Type	Line 1 Gross Receipts	Line 2 Less (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses
1	FF Ball/Xmas Party	8,256		8,256			4,083	4,739
2	Golf Tournament	13,410		13,410		1,764	2,575	12,195
3	Advertisement Book	57,801	57,801	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				

79,467 57,801 21,666 0 1,764 6,658 16,934

Explanations (990-EZ)

Reasonable Cause

- 1

Please excuse the tardy filing of the 12/31/08 form 990. Due to a change in management (previous Treasurer retired),
- 2

there were a number of adjustments, which had to be made to the books, in order to file a proper return As a result of these
- 3

errors an amended form 990 for 12/31/07, has been filed. The late filing was not an intentional disregard of tax law, but merely
- 4

an unfortunate choice of Treasurer by the Union. In the end of 2008, a new Treasuer was elected and accounting procedures
- 5

have been set in place. The 12/31/09 return will be filed in a timely manner.
- 6
- 7
- 8
- 9
- 10

General Explanation

Part No	Line No.	Explanation
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	IAFF Local 76 Somerville		04-6072421	
	Number, street, and room or suite no. If a P.O. box, see instructions			
	266 Broadway			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	Somerville		MA	02145

Check type of return to be filed (file a separate application for each return):

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► See attached worksheet

Telephone No. ► (617) 823-7677

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2008 or
- ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	IAFF Local 76 Somerville		04-6072421
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only
	266 Broadway		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Somerville MA 02145		

Check type of return to be filed (File a separate application for each return):

- | | | | |
|----------------------------------------------|-------------------------------------------------------------------|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Thomas Ross, Treasurer 266 Broadway Somerville MA 02145**
Telephone No. **(617) 823-7677** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **11/15/2009**
- 5** For calendar year **2008**, or other tax year beginning _____, and ending _____
- 6** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7** State in detail why you need the extension **More time is requested to acquire all information needed to complete and file an accurate return.**

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Donna M Brady CPA** Title **Certified Public Accountant**Date **8/14/2009**Form **8868** (Rev 4-2008)

Part I (8868) - Books in care of

Name

☒

Person

Business

Thomas Ross, Treasurer

Address

266 Broadway

Fax no.

Telephone no.

(617) 823-7677

City

Somerville

State

MA

Zip code

02145

Foreign country