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Short Form  
Return of Organization Exempt From Income TaxUnder 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*

2008

Open to Public  
Inspection

## A For the 2008 calendar year, or tax year beginning

, and ending

B Check if applicable	C Name of organization	D Employer identification number	
<input type="checkbox"/> Address change	IAFF Local 76 Somerville	04-6072421	
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number
<input type="checkbox"/> Initial return	266 Broadway		617-823-7677
<input type="checkbox"/> Termination	City, town, or county	ZIP + 4	F Group Exemption
<input type="checkbox"/> Amended return	Somerville	MA	Number ►
<input type="checkbox"/> Application pending		02145	

- **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

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

J Organization type (check only one) —  501(c) ( 5 ) ◀ (insert no)  4947(a)(1) or  527

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) . . . . .	
	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
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -17,546
	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

P.B

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 \$ 0 ) 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 \$ 0 ) 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 \$ 30,182 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>				30a 0
31 Other program services (attach schedule) (Grants \$ 0 ) 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 John Colbert City Somerville	Str 20 Henry Ave. ST MA ZIP 02144	Title President Hr/WK 20 00	0	0 15,910
Name Stephen Layton City Wilmington	Str 99 Glenn Road ST MA ZIP 01887	Title Vice President Hr/WK 20 00	0	0 5,136
Name James Gallagher City Wilmington	Str 9 Seaford Street ST MA ZIP 01887	Title Secretary/Treasurer Hr/WK 20.00	0	0 6,686
Name Rudi Revilla City Somerville	Str 139 Lowell Street ST MA ZIP 02143	Title Broad Member Hr/WK 2 00	0	0 567
Name Thomas Ross City Medford	Str 51 Irwin Street ST MA ZIP 02155	Title Board Member Hr/WK 2.00	0	0 567
Name Mark Wall City Medford	Str 43 Albion Street ST MA ZIP 02155	Title Board Member Hr/WK 2.00	0	0 566
Name Stephen Belski City Somerville	Str 71 Lynden Ave. ST MA ZIP 02143	Title Board Member Hr/WK 2.00	0	0 566
Name Carol Atherton City Somerville	Str 10 Derby Street ST MA ZIP 02145	Title Board Member Hr/WK 2 00	0	0 566
Name David Stiliter City Somerville	Str 97 Pennsylvania Ave. ST MA ZIP 02145	Title Board Member Hr/WK 2 00	0	0 566
Name John Fitzgerald City Somerville	Str 17 Carter Terrace ST MA ZIP 02143	Title Board Member Hr/WK 2.00	0	0 566
Name City	Str ST ZIP	Title Hr/WK 00	0	0 0
Name City	Str ST ZIP	Title Hr/WK 00	0	0 0
Name City	Str ST ZIP	Title Hr/WK 00	0	0 0
Name City	Str ST ZIP	Title Hr/WK .00	0	0 0
Name City	Str ST ZIP	Title Hr/WK .00	0	0 0
Name City	Str ST ZIP	Title Hr/WK .00	0	0 0
Name City	Str ST ZIP	Title Hr/WK .00	0	0 0
Name City	Str ST ZIP	Title Hr/WK .00	0	0 0
Name City	Str ST ZIP	Title Hr/WK .00	0	0 0

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

	<b>Yes</b>	<b>No</b>	
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 <b>Form 990-T</b> 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	37a		
b Did the organization file <b>Form 1120-POL</b> 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:	39a		
a Initiation fees and capital contributions included on line 9	39b		
b Gross receipts, included on line 9, for public use of club facilities			
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.			
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.			
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)?	42b	X	
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
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 <b>Form 1041</b> —Check here ► <input type="checkbox"/> 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	

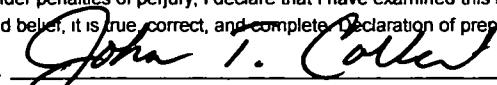
**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

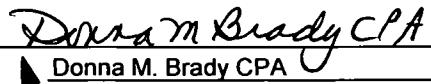
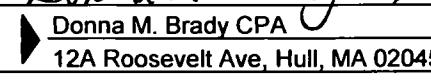
	<b>Yes</b>	<b>No</b>
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part 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

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

<b>Sign Here</b>	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  President	Date 6-24-10	
Type or print name and title			

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

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

Department of the Treasury  
Internal Revenue Service

► **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.

**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

**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
				0	0	0
				0	0	0
<b>Total</b>				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
	2 Less: Charitable contributions . . . . .	0	0	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
	5 Non-cash prizes . . . . .	0	1,764	0
	6 Rent/facility costs . . . . .	4,083	2,575	0
	7 Other direct expenses . . . . .	4,739	12,195	0
	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
Direct Expenses	2 Cash prizes . . . . .			0
	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

	Yes	No
9a		
10a		
11		
12		

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

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

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

**Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid**

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid						
	Class of activity	Grantee's name MDA	Address X 138 Conant Street, 1st Floor	City Beverly	State MA	Zip code 01915
1	Donation					
2	All other donations less than \$5,000 each					
3						
4						
5						
6						
7						
8						
9						
10						

**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**

	Description	7,360	4,176
		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			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				

-16,934

6,658

1,764

0

21,666

57,801

79,467

Line 7

## 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 Treasurer 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

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6

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10

Application for Extension of Time To File an  
Exempt Organization Return

► 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. ►
- 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization IAFF Local 76 Somerville	Employer identification number 04-6072421
File by the due date for filing your return. See instructions	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. ►
- 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).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.</b>		
<b>Type or print</b>	Name of Exempt Organization IAFF Local 76 Somerville	Employer identification number 04-6072421
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 266 Broadway	For IRS use only
	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.

- I request an additional 3-month extension of time until 11/15/2009
- For calendar year 2008, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 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 ► CertifiedPublic 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

City

Somerville

Fax no.

Telephone no.  
(617) 823-7677State  
MAZip code  
02145

Foreign country