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Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

OMB No 1545-1150

Open to Public Inspection

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	72,567	22	73,589
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,441	24	1,606
25	Total assets	75,008	25	75,195
26	Total liabilities (describe in Schedule O)	4,664	26	10,000
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	70,344	27	65,195

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		<input type="checkbox"/>	
What is the organization's primary exempt purpose? Support Fire Fighters in Somerville, MA and their community		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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, and 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 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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	42,060
29	Various member events, such as holiday parties, memorial events, sporting events to benefit all active and retired members and thier families Various member events, such as holiday parties, memorial events, sporting events to benefit all active and retired members and thier families (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,113
30	Contributions made to support various community activities and to give scholarships to children of Fire Fighters Contributions made to support various community activities and to give scholarships to children of Fire Fighters (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	22,470
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	68,643

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV				
(a) Name and 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
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
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, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ MA		
42a	The organization's books are in care of ▶ Thomas Ross Telephone no ▶ (617) 823-7677 Located at ▶ 266 Broadway Somerville, 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	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	No
49b	If "Yes," was the related organization a section 527 organization?	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and 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
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2011-05-16 Date		
	Thomas Ross President Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Donna Brady CPA	Date 2013-11-15	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
					Phone no (781) 925-5318

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes☒ No

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>Golf Tournament</u>	<u>AD Book</u>	<u>4</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	18,750	17,626	20,979	57,355	
	2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	18,750	17,626	20,979	57,355		
Direct Expenses	4	Cash prizes			5,910	5,910	
	5	Non-cash prizes	4,453		1,020	5,473	
	6	Rent/facility costs			1,272	1,272	
	7	Food and beverages	3,506		9,188	12,694	
	8	Entertainment			1,000	1,000	
	9	Other direct expenses	9,035	8,055	130	17,220	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					43,569
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					13,786

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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?

☐ Yes ☐ No

b If "No," Explain _____

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

☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity 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?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
► Attach to Form 990 or 990-EZ.

2010

**Open to Public
Inspection**

Name of the organization

IAFF Local 76 Somerville

Employer identification number

04-6072421

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee MDA 138 Conant Street, 1st Floor Beverly MA 01915, Cash Grant 14,200, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee Various under 500, Cash Grant 4,520, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Travel 5,498 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 5,072 Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 1,435 Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 607 Form 990-EZ, Part I, Line 16, Other Expenses Supplies 50 Form 990-EZ, Part I, Line 16, Other Expenses Telephone 1,479 Form 990-EZ, Part I, Line 16, Other Expenses Professional Fire Fighters Dues, International, National and State 36,988 Form 990-EZ, Part I, Line 16, Other Expenses Fire Fighters Memorial Maintenance 3,180 Form 990-EZ, Part I, Line 16, Other Expenses Web Site Maintenance 2,381 Form 990-EZ, Part I, Line 16, Other Expenses Office Expense 1,077 Form 990-EZ, Part I, Line 16, Other Expenses Bank Fees 404 Form 990-EZ, Part I, Line 16, Other Expenses Memberships dues 595 Form 990-EZ, Part I, Line 16, Other Expenses Fees 210 Form 990-EZ, Part I, Line 16, Other Expenses Insurance 152 Form 990-EZ, Part I, Line 16, Other Expenses Marketing 127 Form 990-EZ, Part II, Line 24, Other Assets Prepaid expenses Beginning of year 0, End of year 600 Form 990-EZ, Part II, Line 24, Other Assets Equipment, net of depreciation Beginning of year 2,441, End of year 1,006 Form 990-EZ, Part II, Line 26, Liabilities Accrued Fire Fighters dues Beginning of year 4,664, End of year 0 Form 990-EZ, Part II, Line 26, Liabilities Notes Payable Current Beginning of year 0, End of year 10,000

Additional Data

Software ID: 10000149
Software Version: 2010.2.15
EIN: 04-6072421
Name: IAFF Local 76 Somerville

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
John Colbert 20 Henry Ave Somerville, MA 02144	President 020 00	17,000		
Stephen Layton 99 Glenn Road Wilmington, MA 01887	Vice President 020 00	5,196		
Thomas Ross 51 Irwin Street Medford, MA 02155	Secretary/Treasurer 020 00	6,696		
Rudi Revilla 139 Lowell Street Somerville, MA 02143	Board Member 002 00	566		
John Fitzgerald 17 Carter Terrace Somerville, MA 02143	Board Member 002 00	566		
Mark Wall 43 Albion Street Medford, MA 02155	Board Member 002 00	566		
Carol Atherton 10 Derby Street Somerville, MA 02145	Board Member 002 00	566		
Joseph Barry 55 Teel Street Arlington, MA 02474	Board Member 002 00	566		
Michael Anzalone 10 Scots Street Medford, MA 02155	Board Member 002 00	566		
Steven Belski Linden Ave Somerville, MA 02145	Board Member 002 00	566		