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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, 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.

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010

, and ending 12-31-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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) 266 Broadway	E Telephone number (617) 823-7677
City or town, state or country, and ZIP + 4 Somerville, MA 02145	F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____

I Website: ► somervillelocal76.org

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527H 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 170,807

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

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

1 Contributions, gifts, grants, and similar amounts received	1	24,704
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	87,850
4 Investment income	4	898
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 57,355 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
c Less direct expenses from gaming and fundraising events	6c	43,569
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	13,786
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	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	127,238
10 Grants and similar amounts paid (list in Schedule O)	10	18,720
11 Benefits paid to or for members	11	7,863
12 Salaries, other compensation, and employee benefits	12	32,854
13 Professional fees and other payments to independent contractors	13	11,352
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	2,343
16 Other expenses (describe in Schedule O)	16	59,255
17 Total expenses. Add lines 10 through 16	17	132,387
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,149
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	70,344
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	65,195

Part II Balance SheetsCheck 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 AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

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, and other relevant information for each program title

Expenses

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

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 their families Various member events, such as holiday parties, memorial events, sporting events to benefit all active and retired members and their 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

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

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)

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?

b If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)

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

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?

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?

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

b Gross receipts, included on line 9, for public use of club facilities

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

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

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**
266 Broadway
Located at ► **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.**

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 ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► **43** and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds? If "Yes", *Form 990 must be completed instead of Form 990-EZ.*

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*

c Did the organization receive any payments for indoor tanning services during the year?

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

	Yes	No
33		No
34		No

35a		No
35b		No

36		No
37b		No

38a		No
38b		

39a		
39b		

40a		
40b		
40c		
40d		
40e		No

41		
42a		

	Yes	No
42b		No
42c		No

43		
44a		

	Yes	No
44a		No
44b		No
44c		No
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 Form 990-EZ	45	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 Form 990-EZ	45a	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations 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	47	
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	

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

(a) Name and 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 Thomas Ross President Type or print name and title	2011-05-16 Date
	Preparer's signature  Donna Brady CPA	Date 2013-11-15
Paid Preparer's Use Only	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 <input type="checkbox"/>
		Phone no <input type="checkbox"/> (781) 925-5318

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

2010

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName 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 type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and e-mail 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 and address 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			
Eastern Advertising Inc 241 Walnut Street Newton, MA 02460	AD book	Yes		17,626	8,055	9,571
Total				17,626	8,055	9,571

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

MA

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	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		Golf Tournament (event type)	AD Book (event type)	4 (total number)	
Revenue	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				
Direct Expenses	2 Cash prizes				
	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 questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

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		