# 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)

▶ For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

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**Open to Public Inspection**

A For the 2002 calendar year, or tax year beginning OCT 1, 2009 and ending SEPT 30, 2010

B Check if applicable.
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

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

C Name of organization: CWA LOCAL 1776

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: P.O. BOX 1108

City or town, state or country, and ZIP + 4: MARBLEHEAD MA 01945

D Employer identification number: 04 : 3251771

E Telephone number: ( )

F Enter 4-digit (GEN) ▶ 1102

• *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) ▶

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

I Web site: ▶

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

K Check ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ. ▶ $

SCANNED NOV 17 2010

RECEIVED NOV 01 2010 OGDEN UT IRS

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions.)

| | | | | |
|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 42190 |
| | 4 | Investment income | 4 | 1284 |
| | 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 (line 5a less line 5b) (attach schedule) | 5c | |
| | 6 | Special events and activities (attach schedule): | | |
| | a | Gross revenue (not including $ ____ of contributions reported on line 1) 6a | | |
| | b | Less: direct expenses other than fundraising expenses 6b | | |
| | c | Net income or (loss) from special events and activities (line 6a less line 6b) | 6c | |
| | 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 (line 7a less line 7b) | 7c | |
| | 8 | Other revenue (describe ▶ ) | 8 | |
| | 9 | **Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶ | 9 | 43474 |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) PER CAPITA DUES | 10 | 20577 |
| | 11 | Benefits paid to or for members | 11 | 0 |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 2500 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 4746 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 0 |
| | 15 | Printing, publications, postage, and shipping | 15 | 201 |
| | 16 | Other expenses (describe ▶ IMS DONATION SCHOLARSHIP ) | 16 | 4447 |
| | 17 | **Total expenses** (add lines 10 through 16) ▶ | 17 | 32471 |
| Net Assets | 18 | Excess or (deficit) for the year (line 9 less line 17) | 18 | 11003 |
| | 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 | 166256 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | Net assets or fund balances at end of year (combine lines 18 through 20) ▶ | 21 | 177259 |

### Part II Balance Sheets—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 39 of the instructions.)

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 166256 | 22 | 177259 |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ▶ ) | | 24 | |
| 25 | **Total assets** | | 25 | |
| 26 | **Total liabilities** (describe ▶ ) | | 26 | |
| 27 | **Net assets or fund balances** (line 27 of column (B) must agree with line 21) | 166256 | 27 | 177259 |



10P

**Part III Statement of Program Service Accomplishments** (See page 39 of the instructions.)

What is the organization's primary exempt purpose? _____

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.

**Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 _____ (Grants $ ) 28a

29 _____ (Grants $ ) 29a

30 _____ (Grants $ ) 30a

31 Other program services (attach schedule) (Grants $ ) 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 40 of the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|---|---|---|---|
| ROBERT DELISLE | PRES | | | 1000 |
| MARCIA CANNON<br>LESLIE GEORGE | V.P. / SEC | | | 500/500 |
| DEBORAH FRONGILLO | TREAS | | | 500 |

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.)

| | | 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 | | 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. | | X |
| 35 | *If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | | X |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | | X |
| 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? | | X |
| 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 unpaid at the start of the period covered by this return? | | X |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b | | |
| 39 | *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 | *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____ | | |
| b | *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," attach an explanation. | | X |
| c | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____ | | |
| d | Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ _____ | | |
| 41 | List the states with which a copy of this return is filed. ▶ _____ | | |
| 42 | The books are in care of ▶ DEBORAH FRONGILLO Telephone no. ▶ ( ) _____ | | |
| | Located at ▶ 21 BAYVIEW RD MARBLEHEAD MA ZIP + 4 ▶ 01945 | | |
| 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 | | |

**Please Sign Here**

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

▶ Robert Frongillo, Treasurer
Signature of officer

Date 10/27/10

▶ DEBORAH FRONGILLO
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ _____ Date _____ Check if self-employed ▶ ☐ Preparer's SSN or PTIN (See Gen. Inst. I

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____ Phone no. ▶ ( )