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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545 1150

2010

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For the 2010 calendar year, or tax year beginning 10/01 2010, and ending 9/30 2011 D Employer identification number Check if applicable Address change NEW LONDON FIREFIGHTERS 1522 IAFF 06-6045365 Name change PO BOX 969 Telephone number Initial return NEW LONDON, CT 06320 Terminated Amended return Group Exemption Number Application pending X Cash Accrual Other (specify) ► X if the organization is not Accounting Method Check ► NEWLONDONFIREFIGHTERSUNION.ORG required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 501(c)(3) |X| 501(c) (5) ◄ (insert no) 4947(a)(1) or Tax-exempt status (ck only one) 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. 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 ÞŚ 107,200. 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 40. 386. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 55,069. Membership dues and assessments 4 11,745. investment income 5a Gross amount from sale of assets other than nyentor 5a 5b b Less cost or other basis and sales c Gain or (loss) from sale of assets other that in 5c Gaming and fundraising events .**0**001 6a a Gross income from gaming (attach Schedule b Gross income from fundraising events (n) (i) of contributions ENUE from fundraising events reported on line 6b of such gross income and contributions exceeds \$15,000) 6c c Less, direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7 a 7a Gross sales of inventory, less returns and allowances 7b b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 8 Other revenue (describe in Schedule O) 9 107,200. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 SEE SCHEDULE O 10 21,731. 10 Grants and similar amounts paid (list in Schedule O) 11 SCANNED JUN I 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 25,363. 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 59. 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 29,465. 17 76,618. 17 Total expenses. Add lines 10 through 16 30,582. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year SET 19 260,028. figure reported on prior year's return) SEE SCHEDULE O 20 -10,229. 20 Other changes in net assets or fund balances (explain in Schedule O) 280,381. Net assets or fund balances at end of year. Combine lines 18 through 20 21

Form 990-EZ (2010)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010) NEW LONDON FIRE			06-	604	5365 Page 2
Part II Balance Sheets. (see the ins	structions for Part II.)				
Check if the organization used Sche	dule O to respond to any ques) Beginning of yea	-	(B) End of year
22 Octobrons and more household		(A)	260,028.		280,381.
22 Cash, savings, and investments			200,020.	23	200,301.
23 Land and buildings		, —		24	
24 Other assets (describe in Schedule O)		——·	260,028.		280,381.
25 Total assets		, 	260,028.		200,301.
26 Total liabilities (describe in Schedule O)				26	200 201
27 Net assets or fund balances (line 27 of c			260,028.	27	280,381.
Part III Statement of Program Ser			III)	-	Expenses
Check if the organization used Sc		iestion in this Part III	<u> </u>	(Requ	ured for section (3) and 501(c)(4)
What is the organization's primary exempt purpose? SEI Describe what was achieved in carrying out the describe the services provided, the number of	E SCHEDULE O e organization's exempt purpo persons benefited, and other	ses In a clear and con- relevant information for	cise manner,	organ 4947(izations and section a)(1) trusts, optional ners)
program title. 28 ORGANIZE, REPRESENT, AND	SERVICE LOCAL LINIO	N MEMBERS INCL			
NEGOTIATIONS AND GRIEVANO					
(Grants \$) If th	s amount includes foreign gra	nts check here		28 a	43,832.
29 DONATIONS & SCHOLARSHIPS					,
53 DONALLOND & DCHOLARDHILD					
				29 a	7,850.
	is amount includes foreign gra	ints, check here		29 a	1,030.
30					
				j	
			-	ا م	
	is amount includes foreign gra	ants, check here		30 a	
31 Other program services (describe in Sch					
	is amount includes foreign gra	ants, check here		31 a	F1 600
32 Total program service expenses (add lin			<u></u>	32	51,682.
Part IV List of Officers, Directors			ven if not compensated	. (see t	he instructions for Part IV
Check if the organization used S			(50)		43.5
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	is and	(e) Expense account and other allowances
ROCCO BASILICA	PRESIDENT	0.		0.	0.
7 HUNTER'S RUN ROAD	1 ol				
UNCASVILLE, CT 06382	1		İ		
JONATHAN PAIGE	VICE PRESIDENT	0.		0.	0.
GLENWOOD AVE	1 0		<u> </u>		
NEW LONDON, CT 06320					
KEVIN IANNANTUONO	1				
	TREASURER	0	<u> </u>	0	0
C OTO DINCK DOTNO DONO	TREASURER	0.		0.	0.
6 OLD BLACK POINT ROAD	TREASURER 0	0.		0.	0.
NIANTIC, CT 06357	0				
NIANTIC, CT 06357 JEREMY HYNEK	TREASURER 0 SECRETARY	0.		0.	0.
NIANTIC, CT 06357 JEREMY HYNEK BLOOMINGDALE ROAD	0				
NIANTIC, CT 06357 JEREMY HYNEK	0				
NIANTIC, CT 06357 JEREMY HYNEK BLOOMINGDALE ROAD	0				
NIANTIC, CT 06357 JEREMY HYNEK BLOOMINGDALE ROAD	0				
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NIANTIC, CT 06357 JEREMY HYNEK BLOOMINGDALE ROAD	0				
NIANTIC, CT 06357 JEREMY HYNEK BLOOMINGDALE ROAD	0				

Form 990-EZ (2010) NEW LONDON FIREFIGHTERS 1522 IAFF

Form **990-EZ** (2010)

06-6045365

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Form 990 ₂ E	Z (2010) NEW LONDON FIREFIGH	TERS 1522 IAFF		06-604536	5	Р	age 4
•.			·			Yes	No
45 Is any	related organization a controlled entity of	of the organization within	n the meaning of sectio	n 512(b)(13)?	45		X
of sec	ie organization receive any payment from ction 512(b)(13)? If 'Yes,' Form 990 and S	ichedule R may need to	be completed instead	of Form 990-EZ (see inst)	45a		X
46 Did th candid	ne organization engage, directly or indirect dates for public office? If 'Yes,' complete	tly, in political campaigi Schedule C, Part I	n activities on behalf of	or in opposition to	46		Χ
Part VI	Section 501(c)(3) organization:	and section 4947	(a)(1) nonexempt	charitable trusts only.	All se	ction	1
	501(c)(3) organizations and sec 47-49b and 52, and complete th	ction 494/(a)(1) no ne tables for lines !	nexempt charitable 50 and 51.	e trusts must answer q	uestio	ns	
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI				
						Yes	No
	ne organization engage in lobbying activit			lulo E	47		
	e organization a school as described in se		•	ule E	48 49a		
	ne organization make any transfers to an s,' was the related organization a section		related organization?		49b		
	blete this table for the organization's five	=	molovees (other than of	ficers directors trustees and			
emplo	byees) who each received more than \$10	0,000 of compensation	from the organization I	f 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 and deferred compensation	(e) Exp accour other allo	nt and	.
f Total	number of other employees paid over \$1	00,000					
51 Comp	plete this table for the organization's five	highest compensated in	dependent contractors	who each received more tha	n \$100,	o 000	f
comp	pensation from the organization. If there is (a) Name and address of each independent con-		<u> </u>	(b) Type of service	(c) Comp	ensatio	
	(a) Harrie and dadress of each maspendern corr	radio pala more train proofoo		(4) 1) pe el salvise	(0) 00p	- Constitution	
							
	44.00						
	number of other independent contractors	=		•			 -
chari	he organization complete Schedule A? N table trusts must attach a completed Sch	edule A		···-	Yes	; [No
true, correct,	es of perjury, I declare that I have examined this retuinand complete. Declaration of preparer (other than off	rn, including accompanying scr icer) is based on all information	nedules and statements, and to n of which preparer has any kn		, it is		
	Signature of officer			5/10/18 Date	•		
Sign Here	Iscus Tannestuon b	Tresue		Date			
пеге	Type or print name and title	1000					
	Print/Type preparer's name	Preparer's signature	Date	/ Check of PTIN			
Paid	SHANNON HEAP	SHANNON HEAP	~ 18mp CPH 41	/>^//>	04206	50	
Preparer	Firm's name ALDRICH, PERKIN	1	EAP, LLC	5511 5111 513 544 12 00			
Use Only	Firm's address > 567 VAUXHALL ST			Firm's EIN ► 06	-1239	9126	_
		06385		Phone no (860)	447-		
May the IR	RS discuss this return with the preparer s	nown above? See instru	uctions		X Yes		No
BAA	·			F	orm 99	0-EZ	(2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

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Name of the organization	Employer identification number
NEW LONDON FIREFIGHTERS 1522 IAFF	06-6045365
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT	PURPOSE
UNION MEMBERSHIP REPRESENTATION	

′2010 [°]	SCHEDULE O - SUPPLEMENTAL INFORMAT	ION	PAGE 2
CLIENT NLFF	NEW LONDON FIREFIGHTERS 1522 IAFF		06-6045365
FORM 990-EZ, I GRANTS AND	PART I, LINE 10 SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000		11 25AM
PAYMENTS TO NAME: ADDRESS: PURPOSE OF PAMOUNT: NAME: ADDRESS: PURPOSE OF PAMOUNT:	UNIFORMED PROF FF ASSOC OF CT 30 SHERMAN ST WEST HARTFORD, CT 06110 DUES INTERNT'L ASSOC FIRE FIGHTERS 1750 NEW YORK AVE N.W. WASHINGTON, DC 20006	\$	10,691. 10,152.
OTHER EXPEN BANK FEES	CONVENTIONS, AND MEETINGS ES S SES EXPENSES EEE	\$ TOTAL \$	16. 3,555. 7,850. 7,597. 2,219. 906. 850. 600. 674. 497. 1,898. 2,357. 57. 389. 29,465.
OTHER CHANG	PART I, LINE 20 GES IN NET ASSETS OR FUND BALANCES LOSS ON INVESTMENTS	TOTAL \$	-10,229. -10,229.