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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

2011

**Open to Public** Inspection

Α	For th	ne 2011 calen	dar year, or tax year beginning , and ending					
В	7	· · · · · · · · · · · · · · · · · · ·				Employer identification number		
<u>_</u>	Addres	Address change NEW BRITAIN FIRE FIGHTERS LOCAL 992				6-6068823		
	Name	Name change  Number and street (or P O box, if mail is not delivered to street address)  Room/suite E Tele						
	Initial re	etum						
	Termin	ated	P. O. BOX 883			)-989-3262		
	Amend	led return	City or town state or country ZIP + 4	FG	roup Exe	mption		
L	Applica	tion pending	NEW BRITAIN CT 06050-0883	N	umber 🕨			
G	Accou	nting Method	X Cash Accrual Other (specify) ▶	H Chec	k ►X	if the organization is		
1	Websi	ite: ► <u>www.</u> i	nbfire.us			attach Schedule B		
J	Tax-exe	mpt status (che	eck only one) — X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	(Form	1 990, 990	D-EZ, or 990-PF)		
	Check	▶ ☐ ıf the	organization is not a section 509(a)(3) supporting organization or a section 527 organization	ion and it	e arose re	eceinte are normally		
K			100 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard		_			
			ooses to file a return, be sure to file a complete return	, may be	oquii ou (	occ mondonono). But		
L			I 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	al assets				
			mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶\$	96,761		
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions fo	r Part I.)		
		Check if	the organization used Schedule O to respond to any question in this Pa	irt I .		X		
_	1	Contributio	ns, gifts, grants, and similar amounts received		1			
	2	Program se	ervice revenue including government fees and contracts		2			
	3	Membersh	ip dues and assessments		3	96,472		
	4	Investment	tincome		4	289		
	5a	Gross amo	ount from sale of assets other than inventory <u>5a</u>		1 1 1 1			
	b	Less: cost	7					
	c	Gain or (lo	5c	0				
	6	_	d fundraising events					
a)	a	Gross inco	me from gaming (attach Schedule G if greater than					
Ž			······································					
Revenue	b		me from fundraising events:(hot-including 5 of contributions		1. 19			
æ	:		aising events reported on line 1) (attach Schedule G if the					
			h gross income and contributions lexceeds \$18,000)		4			
	C		t expenses from garning and fundraising events 6c		- : [3]			
	d	Net income	e or (loss) from gaming and fundraising everits (add lines 6a and 6b and subtra	Cī		0		
	-				6d	0		
			s of inventory, less returns and allowances					
	b		of goods sold		7c	0		
	l a		nue (describe in Schedule O)		8	<u> </u>		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	96,761		
_	10	Grants and	I similar amounts paid (list in Schedule O)	_ · · ·	10	30,701		
	11		aid to or for members		11			
Ś	1		ther compensation, and employee benefits		12	22,434		
JS 6	13	-	al fees and other payments to independent contractors		13	6,954		
Expenses	14		rent, utilities, and maintenance		14	2,699		
Ä	15		iblications, postage, and shipping		15	185		
	16		nses (describe in Schedule O)		16	49,591		
)	17	Total expe	nses. Add lines 10 through 16	▶	17	81,863		
ຶ່ຶຶ່	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	14,898		
Set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w		<u> </u>			
) <b>S</b>		end-of-yea	r figure reported on prior year's return)		19	90,349		
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20			
ว์)	<u> </u>		or fund balances at end of year. Combine lines 18 through 20	<u>▶</u>	21	105,247		
∜ Fo	r Paper	work Reduct	ion Act Notice, see the separate instructions.			Form 990-EZ (2011)		

(HTA)

	Balance Sheets. (see the instructions for I Check if the organization used Schedule O to r		n this Part II...			X
				N) Beginning of year	Γ	(B) End of year
22	Cash, savings, and investments			89,584	22	104,482
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			765	<del></del>	765
25	Total assets			90,349		105,247
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column (			90,349	27	105,247
Pa	rt III Statement of Program Service Accomplis	•	•	<del></del> 1	(Bog	Expenses
	Check if the organization used Schedule O	<u> </u>				uired for section c)(3) and 501(c)(4)
	at is the organization's primary exempt purpose? $\ \ \underline{\ }$				orgai	nizations and section
	cribe the organization's program service accomplish					(a)(1) trusts, optional thers)
	neasured by expenses. In a clear and concise mann		provided, the number	per of		
	ons benefited, and other relevant information for ea Contract negotiations for wages, benefits and worki		<del></del>			<del></del>
	arbitration, attorney, accounting, union dues and tra					
	Union.	averior interigraters				
•		includes foreign grants,	check here	<b>L</b>	28a	41,072
29	Scholarship award (\$1,000) and miscellaneous cha	-'4' (00 OFO)			ZUA	41,072
,	(Grants \$ ) If this amount	includes foreign grants,	check here	▶ □	29a	3,356
	Management and general expenses including salar	ica for 2 popula				0,000
					]	
	(Grants \$ ) If this amount	includes foreign grants,	check here	▶	30a	37,435
31	Other program services (describe in Schedule O).					
	(Grants \$ ) If this amount	includes foreign grants,	check here	🕨 🔲	31a	
32	Total program service expenses. (add lines 28a t	hrough 31a)		🕨	32	81,863
	rt IV List of Officers, Directors, Trustees, and I				nstruct	tions for Part IV)
	Check if the organization used Schedule O t	o respond to any questio	n in this Part IV .			
		(h) Title and everes	(c) Reportable	(d) Health benefi	ts	
		(b) Title and average	compensation	contributions to	- 1	(e) Estimated amount of
	(a) Name and address	hours per week	/Forme W/-2/1000 MIS/			
	(a) Name and address	devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0	employee benefit pla	ans,	other compensation
Edw	(a) Name and address ard Preece	devoted to position	1 3	employee benefit pla	ans,	
,	ard Preece	devoted to position  Title President	(if not paid, enter -0	employee benefit pland deferred compens	ans,	
25 H	ard Preece lidden Hill Road New Hartford CT 06057	devoted to position  Title President	(if not paid, enter -0	employee benefit pland deferred compens	ans,	
<u>25</u> ⊦ Rob	ard Preece lidden Hill Road New Hartford CT 06057 ert Scarlett	devoted to position  Title President  Hr/WK 10.00	(if not paid, enter -0-	employee benefit pland deferred compens	ans,	
25 H Rob 24 B	ard Preece lidden Hill Road New Hartford CT 06057	devoted to position  Title President  Hr/WK 10.00  Title VP	(if not paid, enter -0-	employee benefit pland deferred compens	ans,	
25 H Rob 24 B Ken	ard Preece lidden Hill Road New Hartford CT 06057 ert Scarlett en Court Plainville CT 06062	devoted to position  Title President  Hr/WK 10.00  Title VP  Hr/WK 10.00	(if not paid, enter -0- 10,98 5,49	employee benefit pland deferred compens	ans,	
25 H Rob 24 B Ken 149	ard Preece lidden Hill Road New Hartford CT 06057 ert Scarlett en Court Plainville CT 06062 Keough	devoted to position  Title President  Hr/WK 10.00  Title VP  Hr/WK 10.00  Title Sec/Treas	(if not paid, enter -0- 10,98 5,49	employee benefit pland deferred compens	ans,	
25 H Rob 24 B Ken 149 Davi	ard Preece lidden Hill Road New Hartford CT 06057 ert Scarlett en Court Plainville CT 06062 Keough Sunnyslope Drive New Britain CT 06052	devoted to position  Title President  Hr/WK 10.00  Title VP  Hr/WK 10.00  Title Sec/Treas  Hr/WK 10.00	(if not paid, enter -0- 10,98 5,49	employee benefit pland deferred compens	ans,	
25 H Rob 24 B Ken 149 Davi 63 D	ard Preece lidden Hill Road New Hartford CT 06057 ert Scarlett len Court Plainville CT 06062 Keough Sunnyslope Drive New Britain CT 06052 d Fiori	devoted to position  Title President  Hr/WK 10.00  Title VP  Hr/WK 10.00  Title Sec/Treas  Hr/WK 10.00  Title Sec/Treas	(if not paid, enter -0- 10,98 5,49	employee benefit pland deferred compens	ans,	
25 H Rob 24 B Ken 149 Davi 63 D Mich	ard Preece lidden Hill Road New Hartford CT 06057 ert Scarlett len Court Plainville CT 06062 Keough Sunnyslope Drive New Britain CT 06052 id Fiori Dover Road New Britain CT 06052	devoted to position  Title President  Hr/WK 10.00  Title VP  Hr/WK 10.00  Title Sec/Treas  Hr/WK 10.00  Title Sec/Treas  Hr/WK 10.00	(if not paid, enter -0- 10,98 5,49 5,49	employee benefit pland deferred compens	ans,	
25 H Rob 24 B Ken 149 Davi 63 D Mich	ard Preece lidden Hill Road New Hartford CT 06057 ert Scarlett len Court Plainville CT 06062 Keough Sunnyslope Drive New Britain CT 06052 id Fiori lover Road New Britain CT 06052 agel Sanzaro	devoted to position  Title President  Hr/WK 10.00  Title VP  Hr/WK 10.00  Title Sec/Treas  Hr/WK 10.00  Title Sec/Treas  Hr/WK 1.00  Title Board Member	(if not paid, enter -0- 10,98 5,49 5,49	employee benefit pland deferred compens  8	ans,	
25 H Rob 24 B Ken 149 Davi 63 D Mich 181 Geo	ard Preece lidden Hill Road New Hartford CT 06057 ert Scarlett len Court Plainville CT 06062 Keough Sunnyslope Drive New Britain CT 06052 Id Fiori Pover Road New Britain CT 06052 nael Sanzaro Maple Street Wethersfield CT 06109	devoted to position  Title President  Hr/WK 10.00  Title VP  Hr/WK 10.00  Title Sec/Treas  Hr/WK 10.00  Title Sec/Treas  Hr/WK 1.00  Title Board Member  Hr/WK 1.00	(if not paid, enter -0- 10,98 5,49 5,49	employee benefit pland deferred compens  8	ans,	
25 H Robe 24 B Ken 149 Davi 63 D Mich 181 Geo 31 C	ard Preece lidden Hill Road New Hartford CT 06057 ert Scarlett len Court Plainville CT 06062 Keough Sunnyslope Drive New Britain CT 06052 Id Fiori Pover Road New Britain CT 06052 nael Sanzaro Maple Street Wethersfield CT 06109 rge Bodycoat	devoted to position  Title President  Hr/WK 10.00  Title VP  Hr/WK 10.00  Title Sec/Treas  Hr/WK 10.00  Title Sec/Treas  Hr/WK 1.00  Title Board Member  Hr/WK 1.00  Title Board Member	(if not paid, enter -0- 10,98 5,49 5,49	employee benefit pland deferred compens  8  44  8	ans,	
25 H Rob 24 B Ken 149 Davi 63 D Mich 181 Geo 31 C	ard Preece lidden Hill Road New Hartford CT 06057 ert Scarlett len Court Plainville CT 06062 Keough Sunnyslope Drive New Britain CT 06052 id Fiori Over Road New Britain CT 06052 nael Sanzaro Maple Street Wethersfield CT 06109 rge Bodycoat carriage Drive Burlington CT 06013	devoted to position  Title President  Hr/WK 10.00  Title VP  Hr/WK 10.00  Title Sec/Treas  Hr/WK 10.00  Title Sec/Treas  Hr/WK 1.00  Title Board Member  Hr/WK 1.00  Title Board Member  Hr/WK 1.00	(if not paid, enter -0- 10,98 5,49 45	employee benefit pland deferred compens  8  44  8	ans,	
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Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0.  Were any significant changes made to the organization 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 0 (see instructions).  5a Did the organization of the provided	Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t		4 \/	
detailed description of each activity in Schedule O.  4 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)  53 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  6 I 'Yes,' to line 35a, has the organization flied a Form 990-T for the year? If "No," provide an explanation in Schedule O.  6 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or ganization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III.  7 3 a Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spribable parts of Schedule N.  7 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    8 bid the organization flor Form 1120-POL for this year?  9 bid the organization borrow from, or make any loans to, any officer, director, frustee, 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?  9 bif "Yes," complete Schedule L. Part II and enter the total amount involved.  9 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 4913 to the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did unity and the organization engage in any section 4912 (2) and 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and prior section 4912 (2) and 501(c)(4) organiza		Instructions for Fart V.) Offects in the organization used Schedule O to respond to any question in t	IIIS I A	Yes	No
detailed description of each activity in Schedule O.  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 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business archifetis (such as those reported on lines 2, 6a, and 7a, among others)?  16 Yes, 10 line 35a, has the organization filed a Form 990-Tb for the year? If "No," provide an explanation in Schedule O.  27 a Schedule O. (and the organization as eacition 501 (c)(4), 501 (c)(5), or 501 (c)(6), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III.  38 a Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Nes," complete spricable parts of Schedule N.  39 a Did the organization borrow from, or make any loans to, any officar, director, frustee, 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?  39 b If "Yes," complete Schedule L, Part II and enter the total amount involved.  30 complete Schedule L, Part II and enter the total amount involved.  30 complete Schedule L, Part II and enter the total amount involved.  30 complete Schedule L, Part II and enter the total amount involved.  30 complete Schedule L, Part II and enter the total amount involved.  30 complete Schedule L, Part II and enter the total amount involved.  30 complete Schedule L, Part II and enter the total amount involved.  30 complete Schedule L, Part II and enter the total amount involved.  30 complete Schedule L, Part II and enter the total amount involved.  30 complete Schedule L, Part II and enter the total amount involved.  30 complete Schedule L, Part II and enter the total amount involved.	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes." provide a		163	140
434 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)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8a, and 7a, among others)?  b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  Was the organization as exception 501(c)(4), 501(c)(5), or 501(c)(6)) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  30 Did the organization stependitures, direct or indirect, as described in the instructions ▶ 2.77a    31 Did the organization file Form 1120-POL for this year?  32 Did the organization file Form 1120-POL for this year?  33 Did the organization file Form 1120-POL for this year?  34 Did the organization file Form 1120-POL for this year?  35 Did the organization file Form 1120-POL for this year?  36 Did the organization file Form 1120-POL for this year?  37 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  39 Did the organization file Form 1120-POL for this year?  30 Did the organization file Form 1120-POL for this year?  30 Did the organization file Form 1120-POL for this year?  31 Did the organization file Form 1120-POL for this year?  32 Did the organization file Form 1120-POL for this year?  33 Did the organization file Form 1120-POL for this year?  34 Did the organization file Form 1120-POL for this year?  35 Did the organization file Form 1120-POL for this year?  36 Did the organization file Form 1120-POL for this year?  37 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  39 Did the organization file Form			33		Х
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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.  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.  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.  List the states with which a copy of this return is filed.  Located at ▶ PO BOX 883 Cty, NEW BRITAIN ST. CT. ZIP + 4 ▶ 08050  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 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 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43  44 a Did the organization maintain any donor advised funds during the year? 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?  If "Yes," to line 44c, has th	40 a				
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explanation in Schedule O			44c		Х
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	đ		444		
45 b 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 may need to be completed instead of Form 990-EZ (see instructions)	4E ~		44d 45a		X
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Form 990-EZ (see instructions)	<del>7</del> 3 U				
		· · · · · · · · · · · · · · · · · · ·	45b		Х
rı en				90-EZ	

46	Did the	organization engage, directly or indi	rectly, in political campaign a	activities on behalf of	or in opposition	Yes No	<u>)</u>			
Part	VI So 50 ar	idates for public office? If "Yes," corection 501(c)(3) organizations 01(c)(3) organizations and section 52, and complete the tables for the ck if the organization used Sciences.	and section 4947(a)(1) nonexempt or lines 50 and 51.	charitable trusts mus	ble trusts only. All st answer questions					
47			··- ··································			Yes No	<u>=</u>			
47 48 49 a	year? If	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II								
50	If "Yes," was the related organization a section 527 organization?									
		lame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation	of			
Name	None	Str	Title							
City		ST ZIP	Hr/WK .00	)						
Name City		Str ZIP	Title Hr/WK 00	,						
Name		Str	Title				_			
City		ST ZIP	Hr/WK 00							
Name		Str	Title							
City		ST ZIP Str	Hr/WK .00	1						
Name City		ST ZIP	Hr/WK .00							
f 51 ——	Complet \$100,00	mber of other employees paid over this table for the organization's five 0 of compensation from the organization of compensation from the organization of each independent contraction.	re highest compensated indexation. If there is none, enter	"None."						
		e and address of each independent contractor		(b) Type of servi	œ (c	) Compensation				
City		Str ST	ZIP				_			
Name City		Str ST	ZIP							
Name City		Str ST	ZIP	•						
Name	-	Str								
City	<u> </u>	ST	ZIP				_			
Name		Str	710							
<u>·Cıty</u> <b>d</b>		ST mber of other independent contract	ZIP ors each receiving over \$100	0.000	<b>&gt;</b>		_			
52	Did the	organization complete Schedule A? npt charitable trusts must attach a c	Note: All section 501(c)(3)	•	7(a)(1)	▶ X Yes  No	>			
		perjury, I declare that I have examined this retu complete Declaration of preparer (other than of				belief, it is				
O:							_			
Sign Here		Signature of officer	7 K. L.K		Date = (14/)	7				
11616		Type or print name and title 540	CETARY PTREASE	WER	$\sim_{I'}$ $q_I$		_			
Paid	<del></del>	Print/Type preparer's name	Preparer's signature	Date	Check X	PTIN	_			
	arer	MARK BARAL	MARK BARAGOV	Mary 51	7/2012 self-employed	" P00833833				
•	Only	Firm's name Tax and Accountin		T 00407	Firm's EIN ▶20					
		Firm's address • 68 South Main St, scuss this return with the preparer			Phone no (80	60) 216-3235	_			
iviay t	HE ILO (I	souss this return with the preparer	SHOWIT ADOVE! SEE INSUICCIO			► Yes No	_			

#### SCHEDULE A . (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► See separate instructions. Employer identification number

1EN	/ BR	ITAIN FIRE F	IGHTERS LOCA	NL 992						06-60	<u> 68823</u>		
Pa	rt I	Reason	for Public Ch	arity Status (All org	anizatior	ns must o	complete	this par	t.) See in	struction	<u>ls.</u>		
he •	o <u>rga</u> ı		-	ation because it is: (Fo		_		-	•				
1	$\sqsubseteq$			rches, or association o			ed in <b>sec</b>	tion 170(	b)(1)(A)(i	).			
2	$\sqcup$	A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (At	tach Sche	edule E.)							
3	Ш	A hospital or	a cooperative h	nospital service organi	zation de:	scribed in	section	170(b)(1)	(A)(iii).				
4			dical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the tal's name, city, and state.										
5			ation operated for the benefit of a college or university owned or operated by a governmental unit described 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	escribed	in <b>sectio</b> i	n 170(b)(	1)(A)(v).				
7		_		y receives a substanti (1)(A)(vi). (Complete l	•	its suppoi	rt from a o	governme	ntal unit c	or from the	e gener	al pub	lic
8	$\Box$			l in section 170(b)(1)	•	omplete i	Part II)						
9	$\overline{\mathbf{X}}$	An organization receipts from support from	tion that normall n activities relate n gross investme	y receives: (1) more the d to its exempt function and unrelated after June 30, 1975.	nan 33 1/3 ons—subj ted busine	3% of its s ject to cer ess taxab	support fro tain exce le income	ptions, an e (less sec	d (2) no ration 511 t	nore than	33 1/3	% of its	
10		An organiza	tion organized a	nd operated exclusive	ly to test	for public	safety. S	ee <b>sectio</b>	n 509(a)(	4).			
11 e		purposes of 509(a)(3). C a Type By checking persons other	one or more pul heck the box that I b this box, I certif	nd operated exclusive blicly supported organ at describes the type of Type II cythat the organization managers and others.	izations dof supporti	lescribed ing organ e III–Func ntrolled d	in section ization an tionally in irectly or	a 509(a)(1 ad comple ategrated indirectly	) or section te lines 1° by one or	on 509(a) 1e throug d	(2). See h 11h. ype III- qualifie	e <b>secti</b> -Other d	
f				a written determination	n from the	IRS that	it is a Tvi	ne I Tyne	II or Tyn	a III sunn	ortina		
'		-	, check this box		i iloili uic	into triat		oc i, Type	п, от тур	e ili supp	orting		
g		_	•	the organization acce	pted any	gift or cor	tribution	from any	of the				_
•		following per						•					
				or indirectly controls,	either alo	ne or toge	ether with	persons	described	in (ii)		Yes	No
				verning body of the su							11g(i)		
			•	person described in (i	•						11g(ii)		<u> </u>
				y of a person describe							11g(lii)	L	L
h			1	ation about the suppor					1		1		
(i) Name of supported organization		(ii) EIN (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		nization in of your	(vi) Is the organization in col (i) organized in the US?			) Amoun support	t of		
					Yes	No	Yes	No	Yes	No	1		
A)													
											ļ		0
B)													0
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<u>E/</u>		<u>.</u>				· · · · · · · · · · · · · · · · · · ·		-					0
E)				Mark Color Carlot Carlot							54		0
Γota	ı												0

18

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 0 Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf . . . . . . . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 0 0 Total, Add lines 1 through 3 . . . . . ol 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . . . Public support. Subtract line 5 from line 4. Section B. Total Support (b) 2008 (c) 2009 (e) 2011 (a) 2007 (d) 2010 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 . . . . . . . . O 0 0 0 0 0 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . . Total support. Add lines 7 through 10. 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 0.00% Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f) 14 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 17a is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011 NEW BRITAIN FIRE FIGHTERS LOCAL 992

Part III • Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if	you checked the box of	on line 9 of Part	or if the organization	failed to qualit	fy under F	Part II.
If the organization	fails to qualify under	the tests listed h	elow please complete	Part II \		

	it the organization land to qualify a	Hadi the toote	noted below,	picace cerrip	ioto i dit ii./		<del> </del>
	tion A. Public Support					<u></u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	82,704	100,053	109,603	91,123	96,472	479,955
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the		·		·		
3	organization's tax-exempt purpose  Gross receipts from activities that are not an	0	6,787	2,911	1,224	0	10,922
4	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	82,704	106,840	112,514	92,347	96,472	490,877
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	0	0	0	0	0	<u>0</u> 0
8 	Add lines 7a and 7b			U	0 8 - 3 - 3 - 4 - 5 - 5 8 - 5 - 6 - 6 - 6 - 6 1 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	0	490,877
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	82,704	106,840	112,514	92,347	96,472	490,877
10a	Gross income from interest, dividends,	02,704	100,040	112,014	52,547	30,472	430,077
	payments received on securities loans,						
	rents, royalties and income from similar sources	3,388	2,817	1,509	413	289	8,416
b	Unrelated business taxable income (less section 511 taxes) from businesses			·			
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	3,388	2,817	1,509	413	289	8,416
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	86,092					499,293
14	First five years. If the Form 990 is for the organization, check this box and stop here				s a section 501(		
Sec	tion C. Computation of Public Support	Percentage					
15 16	Public support percentage for 2011 (line 8, column Public support percentage from 2010 Schedule A,	n (f) divided by lin	e 13, column (f))			15 16	98.31% 98.04%
Sec	tion D. Computation of Investment Inco		age				
17 18	Investment income percentage for 2011 (line 10c, Investment income percentage from 2010 Schedu	column (f) divide	d by line 13, colu	ımn (f)) 	· ·	17 18	1.69% 1.96%
19a	33 1/3% support tests—2011. If the organization not more than 33 1/3%, check this box and stop h	did not check the	e box on line 14, ation qualifies as	a publicly supp	orted organizatio	n	<b>▶</b> 🗓
b	33 1/3% support tests—2010. If the organization line 18 is not more than 33 1/3%, check this box a						▶
20	Private foundation. If the organization did not che	eck a box on line	14. 19a. or 19b.	check this box a	nd see instructio	ns	

Schedule A (Form	990 or 990-EZ) 2011	NEW BRITAIN FIRE FIGHTERS LOCAL 992	06-6068823	Page 4
Part IV	Supplemental	<b>Information.</b> Complete this part to provide the explanations read or 17b; and Part III, line 12. Also complete this part for any add	quired by Part II, line	10,
	instructions).			
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

NEW BRITAIN FIRE FIGHTERS LOCAL 992 [06-6068823
Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 840
Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 2,169
Form 990-EZ, Part I, Line 16, Other Expenses Supplies: 1,305
Form 990-EZ, Part I, Line 16, Other Expenses. Telephone: 600
Form 990-EZ, Part I, Line 16, Other Expenses Union Dues: 31,949
Form 990-EZ, Part I, Line 16, Other Expenses: Office Expenses: 1,643
Form 990-EZ, Part I, Line 16, Other Expenses: Misc Charities: 2,356
Form 990-EZ, Part I, Line 16, Other Expenses Subscriptions: 250
Form 990-EZ, Part I, Line 16, Other Expenses Gifts/Flowers: 637
Form 990-EZ, Part I, Line 16, Other Expenses: Taxes & Fees: 2,151
Form 990-EZ, Part I, Line 16, Other Expenses: Retirements: 2,331
Form 990-EZ, Part I, Line 16, Other Expenses: Xmas Party 2,300
Form 990-EZ, Part I, Line 16, Other Expenses: Scholarships: 1,000
Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 60
Form 990-EZ, Part II, Line 24, Other Assets: Office Equipment: Beginning of year: 765, End of
year: 765

Schedule O (Form 990 or 990-EZ) (2011)	Page <b>2</b>
Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization	Employer identification number
NEW BRITAIN FIRE FIGHTERS LOCAL 992	06-6068823
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