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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2012

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning January 15th, 2012, and ending December 31st, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>New Britain Police Union AFSCME Local 1165</u>		D Employer identification number <u>06-0610985</u>
	Number and street (or P O box, if mail is not delivered to street address) <u>10 Chestnut Street</u>		E Telephone number <u>860-805-1960</u>
	City or town, state or country, and ZIP + 4 <u>New Britain, CT 06051</u>		F Group Exemption Number ▶ <u>1381</u>

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 Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ▶ \$ _____

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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																-0-											
	2	Program service revenue including government fees and contracts																-0-											
	3	Membership dues and assessments																99,043.20											
	4	Investment income																-0-											
	5a	Gross amount from sale of assets other than inventory																-0-											
	b	Less cost or other basis and sales expenses																-											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																-0-											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																-0-											
	b	Gross income from fundraising events (not including \$34,304.50 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																34,304.50											
c	Less: direct expenses from gaming and fundraising events																23,989.												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																10,315.50												
7a	Gross sales of inventory, less returns and allowances																-0-												
b	Less cost of goods sold																-0-												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																-0-												
8	Other revenue (describe in Schedule O)																-0-												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																109,358.70												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																-0-											
	11	Benefits paid to or for members																3,421.39											
	12	Salaries, other compensation, and employee benefits																23,721.60											
	13	Professional fees and other payments to independent contractors																66,861.53											
	14	Occupancy, rent, utilities, and maintenance																-0-											
	15	Printing, publications, postage, and shipping																-0-											
	16	Other expenses (describe in Schedule O)																-0-											
17	Total expenses. Add lines 10 through 16																94,004.52												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																-15,354.18											
	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)																60,004.36											
	20	Other changes in net assets or fund balances (explain in Schedule O)																-0-											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																44,650.18											

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Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	60,004.36	44,650.18
23 Land and buildings	-0-	-0-
24 Other assets (describe in Schedule O)	-0-	-0-
25 Total assets	60,004.36	44,650.18
26 Total liabilities (describe in Schedule O)	-0-	-0-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,004.36	44,650.18

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Good and Welfare of Union Members
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
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

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John Gonzalez 10 Chestnut St. New Britain CT	40	9,488.64	0	0
Johnathan Davis 10 Chestnut St. New Britain CT	20	4,744.32	0	0
David Ferardi 10 Chestnut Street New Britain CT	10	2,342.88	0	0
Arthur Powers 10 Chestnut Street New Britain CT	15	3,743.72	0	0
Peter Scripa 10 Chestnut Street New Britain CT	5	1,000.60	0	0
Brian Steiner 10 Chestnut Street New Britain CT	5	1,000.60	0	0
Steven Wells 10 Chestnut Street New Britain CT	5	1,460.84	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2012) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, loans, and tax shelter transactions. Includes handwritten entries for state (Connecticut), address (10 Chestnut Street, New Britain, CT 06051), and phone number (860-805-1960).

	Yes	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	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

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 title of each employee paid more than \$100,000	(b) 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
N/A				

f Total number of other employees paid over \$100,000 0

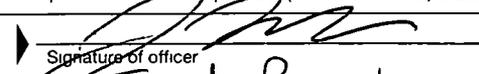
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

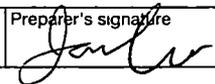
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 0

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	Date 4/7/14
	Type or print name and title Jared Barsaleau	

Paid Preparer Use Only	Print/Type preparer's name Jared Barsaleau	Preparer's signature 	Date 4-7-14	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name		Firm's EIN		Phone no
	Firm's address				

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

New Britain Police Union AFSCME Local 1165

Employer identification number

06-0610985

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 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.

(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			
1 National Benefits Co. P.O. Box 1701 Waterbury, CT	phone solicitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34,304.50	23,989	10,315.50
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				34,304.50	23,989	10,315.50

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Connecticut

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col. (c))
Revenue	1 Gross receipts				- 0 -
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				- 0 -
Direct Expenses	4 Cash prizes				- 0 -
	5 Noncash prizes				- 0 -
	6 Rent/facility costs				- 0 -
	7 Food and beverages				- 0 -
	8 Entertainment				- 0 -
	9 Other direct expenses				- 0 -
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				- 0 -
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				- 0 -	

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				- 0 -
Direct Expenses	2 Cash prizes				- 0 -
	3 Noncash prizes				- 0 -
	4 Rent/facility costs				- 0 -
	5 Other direct expenses				- 0 -
	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) ▶				- 0 -
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				- 0 -

9 Enter the state(s) in which the organization operates gaming activities: Connecticut

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: NO Gaming Conducted.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

