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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

OMB No 1545-1150

Open to Public

		the Treasury ue Service	The organization man		the year may use this following to eat.		ortina require	monte		inspection
A	The organization may have to use a copy or this return to satisfy state reporting requirements									
В							nployer ic	dentification number		
		Address change								
	Name c	hange	NEW BRITAIN FIRE FIG				T 5			6-6068823
	Initial re	Number and street (or PO box, if mail is not delivered to street address) Room/suite E				e E le	elephone n	umper		
	Terminated PO BOX 883					86	0-989-3262			
\vdash		ed return	City or town		state or country	ZIP +	4	F G	roup Exe	
_		tion pending	NEW BRITAIN		СТ	0604	50-0883		umber ▶	·
_				O4h /			00-0000	_		
		nting Method te: ► www.r	X Cash Accrual	Other (sp	pecity)	-		1		of the organization is
								1	•	o attach Schedule B 0-EZ, or 990-PF)
<u>J</u>	Tax-exer	mpt status (che	eck only one) X 501(c)(3)	501(c) ()◀ (insert no)	4947(a)(I) or527	(1 0111		
Κ	Check	▶ ☐ If the	organization is not a section	509(a)(3) suppor	ting organization or	a section 5	27 organizati	on and its	s gross re	eceipts are normally
	not mo	re than \$50,0	000 A Form 990-EZ or Form	990 return is not r	equired though For	m 990-N (e	-postcard) ma	ay be requ	ured (see	e instructions) But
	ıf the or	ganization ch	nooses to file a return, be sur	e to file a complet	e return					
L	Add line	es 5b, 6c, and	d 7b, to line 9 to determine g	ross receipts. If gr	oss receipts are \$2	00,000 or n	nore, or if tota	ıl assets		
	(Part II,		ımn (B) below) are \$500,000						▶ \$	93,016
P	art l		ie, Expenses, and Ch				•		tions fo	
		Check if	f the organization used	Schedule O to	o respond to an	y questio	n in this Pa	art I		X
	1	Contributio	ns, gifts, grants, and simil	ar amounts rece	ıved				1	
	2		ervice revenue including g						2	
	3	-	ip dues and assessments						3	92,879
	4	Investment	t income						4	137
	5a	Gross amo	ount from sale of assets of	ner than inventor	ry	5a				"
	b	Less cost	or other basis and sales e	xpenses		5b				
	С	Gain or (los	ss) from sale of assets oth	er than inventor	y (Subtract line 5t	from line	5a)		5c	0
	6	Gaming an	Gaming and fundraising events							
	а	Gross inco	Gross income from gaming (attach Schedule G if greater than							
Revenue		\$15,000)				6a				
Ş	b	Gross inco	me from fundraising event	s (not including	\$	of co	ontributions			
Re.			aising events reported on l							
			th gross income and contri			6b				
	С		t expenses from gaming a			6c				
	d		e or (loss) from gaming an	d fundraising ev	ents (add lines 6a	and 6b ar	nd subtract			
	_	line 6c)				1 - 1			6d	0
	_		s of inventory, less returns	and allowances	3	7a				
	b		of goods sold			7b	-			•
	C		it or (loss) from sales of in		ine /b irom iine	7 a)			7c 8	0
	8		nue (describe in Schedule					•	9	93,016
-	9 10		nue. Add lines 1, 2, 3, 4, 5 d similar amounts paid (list			ה ה			10	
	11		aid to or for members		INFORTAL	——— ()			11	· · · · · · · · · · · · · · · · · · ·
ွ	12		· ·	mplovee begetits		့ လ			12	23,776
se	13	Profession:	ther compensation, and eight all fees and other payment	s to independen	APR 3 0 20 t contractors	113 9			13	4,819
Expenses	14	Occupancy	, rent, utilities, and mainte	nance		RS-OS(14	2,904
X	15		ublications, postage, and s	1	OCOEN				15	568
_	16		enses (describe in Schedu		OGDEN, I	ا ا			16	70,362
	17					>	17	102,429		
	18		(deficit) for the year (Subtr		line 9)				18	-9,413
ě	19		or fund balances at begin			(A)) (mus	t agree with			
SS	-		r figure reported on prior y		,	. ,, ,			19	105,247
Net Assets	20	•	nges in net assets or fund	•	n in Schedule O)				20	
ž	21		or fund balances at end o			20		>	21	95,834

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

SCANNED WAY 6 9 2013

Form **990-EZ** (2012)

	Balance Sheets. (see the instructions f Check if the organization used Schedule O to	,	v augstion in t	ne Part II				Гx
	Official the organization used Schedule O to	Tespond to an	y question in t		N. Booraning of			
22	Cook assumes and assessments			1 (4	A) Beginning of y		22	(B) End of year
22 23	Cash, savings, and investments Land and buildings				104	,482	22 23	95,069
24	Other assets (describe in Schedule O)					765	24	765
	25 Total assets					,247	25	95,834
26						1	26	
27	Net assets or fund balances (line 27 of column	(B) must agre	e with line 21)		105	,247	27	95,834
Pa	rt III Statement of Program Service Accompl			ns for Part III)				Expenses
	Check if the organization used Schedule (to respond to	any question	n this Part III				quired for section
Wha	at is the organization's primary exempt purpose?	UNION FOR	MUNICIPAL F	IRE DEPARTMENT	 Г			(c)(3) and 501(c)(4) anizations and section
	cribe the organization's program service accomplis							7(a)(1) trusts, optional others)
	neasured by expenses. In a clear and concise man			•			101	Juleis /
pers	ons benefited, and other relevant information for e	ach program ti	tle				Ĺ	
28	Contract negotiations for wages, benefits and wor							
	arbitration, attorney, accounting, union dues and to	avel for Fire F	ghters					
	Union					·		
		unt includes for		neck here		Ų,	28a	54,807
29	Scholarship award (\$1,000) and miscellaneous ch	arıtıes (\$5,670)					1
		·				.		
						, ,		
		ınt ıncludes foi		neck here	<u> </u>	LJ,	29a	6,670
30	Management and general expenses including sala	iries for 3 peor	ele		-			
				•				
						;,		
		ınt ıncludes for	eign grants, cr	eck nere		Ш	30a	40,952
31	Other program services (describe in Schedule O)		, -1			<u> </u>		
		ınt ıncludes for	eign grants, cr	eck nere		<u> </u>	31a	
	Total program service expenses. (add lines 28a			 		> _	32	102,429
Pa	rt IV List of Officers, Directors, Trustees, and				sated (see the	ınstr	uctior	ns for Part IV)
	Check if the organization used Schedule O	to respond to	any question ii					
		(b)	Average	(c) Reportable compensation	(d) Health		s	(e) Estimated amount of
	(a) Name and title		hours per week devoted to position (Forms) employee be	contributions to employee benefit plans		other compensation
				(If not paid, enter -0-)	and deferred o		ation I	
	ard Preece				and dollarious	ompens	-	
	sident					ompens	0001	
		Hr/WK	10 00	11,88		ompens	3001	
VΡ	ert Scarlett	Hr/WK			8	ompens	3001	
		Hr/WK	10 00 10 00	11,88 5,94	8	ompens		
Ken	Keough		10 00	5,94	8	ompens		
Ken Trea	Keough isurer				8	ompens		
Ken Trea Mich	Keough surer nael Sanzaro	Hr/WK	10 00 10 00	5,94 5,94	4	ompens		
Ken Trea Mich Boa	Keough Isurer nael Sanzaro rd Member	Hr/WK	10 00	5,94 5,94	8	ompens		
Ken Trea Mich Boa Geo	Keough isurer nael Sanzaro rd Member rge Bodycoat	Hr/WK Hr/WK	10 00 10 00 1 00	5,94 5,94	4	ompens		
Ken Trea Mich Boa Geo Boa	Keough Isurer Inael Sanzaro Ird Member Irge Bodycoat Ird Member	Hr/WK	10 00 10 00	5,94 5,94	4	ompens	3451	
Ken Trea Mich Boa Geo Boa Tony	Keough Isurer Inael Sanzaro Ird Member Irge Bodycoat Ird Member Ird Member Ird Member Ird Perrotta	Hr/WK Hr/WK Hr/WK	10 00 10 00 1 00 1 00	5,94 5,94	4	ompens	5.001	
Ken Trea Mich Boa Geo Boa Tony Boa	Keough Isurer Inael Sanzaro Ird Member Irge Bodycoat Ird Member	Hr/WK Hr/WK	10 00 10 00 1 00	5,94 5,94	4	ompens	5001	
Ken Trea Mich Boa Geo Boa Tony Boa Leor	Keough surer nael Sanzaro rd Member rge Bodycoat rd Member r Perrotta rd Member nard Chozick	Hr/WK Hr/WK Hr/WK	10 00 10 00 1 00 1 00 1 00	5,94 5,94	4 4 0 0	ompens		
Ken Trea Mich Boa Geo Boa Tony Boa Leor Boa	Keough usurer nael Sanzaro rd Member rge Bodycoat rd Member r Perrotta rd Member nard Chozick rd Member	Hr/WK Hr/WK Hr/WK	10 00 10 00 1 00 1 00	5,94 5,94	4	ompens		
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Ken Trea Mich Boa Geo Boa Tony Boa Leor Boa Edd Boa Wilfr	Keough Isurer Inael Sanzaro Ird Member Irge Bodycoat Ird Member Ird Member Ird Member Ird Member Ird Member Inard Chozick Ird Member Ird Member Ird Member Ired Member Ired Member Ired Member Ired Member Ired Member Ired Member	Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	10 00 10 00 1 00 1 00 1 00 1 00	5,94 5,94	8 4 4 0 0 0	ompens		
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Ken Trea Mich Boa Geo Boa Tony Boa Leor Boa Edd Boa Wilfr	Keough Isurer Inael Sanzaro Ird Member Irge Bodycoat Ird Member	Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	10 00 10 00 1 00 1 00 1 00 1 00	5,94 5,94	8 4 4 0 0 0	ompens		
Ken Trea Mich Boa Geo Boa Tony Boa Leor Boa Edd Boa Wilfr	Keough Isurer Inael Sanzaro Ird Member Irge Bodycoat Ird Member	Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	10 00 10 00 1 00 1 00 1 00 1 00	5,94 5,94	8 4 4 0 0 0	ompens		

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question		art V	
	1		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
24	detailed description of each activity in Schedule O	33	 	X
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		1]
	change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		 ^
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
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.	35b		
С	Was the organization a section 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	35c	<u> </u>	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1 1		j
	during the year? If "Yes," complete applicable parts of Schedule N	36	- Sidemanical	X
_	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			HC: (1999)
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Falsa Para	X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(a)(7) erganizations. Enter			
	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 39a			
a b	Gross receipts, included on line 9, for public use of club facilities 39b			
	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			HISTORIAN PROPERTY.
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on		7- 11	
	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			
е	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	40e	L	X
41	List the states with which a copy of this return is filed ► CT			
42 a	The organization's books are in care of ► KEN KEOUGH Telephone no ►	860-83	36-475	3
	Located at ► PO BOX 883 City NEW BRITAIN ST CT ZIP + 4 ► C	6050-088	3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over]	Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	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			
			Yes	No
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	44a		Х
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	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	. 44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
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)	45b		Χ
		Form 99	90-EZ	(2012

50688	Page 4	
	Yes	No
精製料		

	,						-	res	NO
46	Did the organ	ization engage, directly or ind	lirectly, in political ca	ampaign act	vities on behalf of or i	n opposition			
		for public office? If "Yes," cor		Part I			46		_X
Part		on 501(c)(3) organization							
		ction 501(c)(3) organizatio	ns must answer o	questions 4	7–49b and 52, and	complete the table	es for line	es :	
	50 and		Cabadula O ta saa		w musetien in this D				
	Спеск	of the organization used S	Schedule O to res	pond to ar	y question in this P	'ап vi			
								Yes	No
47	Did the organ	ization engage in lobbying ac	tivities or have a se	ction 501(h)	election in effect durir	ng the tax		•	
	year? If "Yes,"	' complete Schedule C, Part I	1				47		X
48	Is the organiz	ation a school as described in	n section 170(b)(1)(/	4)(ዘ)? If "Yes	s," complete Schedule	E	48		Χ
49 a	Did the organ	ization make any transfers to	an exempt non-cha	ritable relate	ed organization?		49a		X
b	If "Yes," was t	he related organization a sec	tion 527 organizatio	u,			49b	<u> </u>	X
50	Complete this	table for the organization's fr	ve highest compens	sated employ	yees (other than office	rs, directors, trustees	and key		
	employees) w	ho each received more than	\$100,000 of compe	nsation from	the organization If th	ere is none, enter "No	one "		
			(b) Ave	rage	(c) Reportable	(d) Health benefits,			
		and title of each employee I more than \$100,000	hours per	week	compensation	contributions to employee benefit plans, and deferred	(e) Estim	ated am ompens:	
			devoted to	position	(Forms W-2/1099-MISC)	compensation			
Name	None								
Title			Hr/WK	00					
Name									
Title			Hr/WK	00					
Name									
Title	· · · · · · · · · · · · · · · · · · ·		Hr/WK	00					
Name									
Title			Hr/WK	00					
Name									
Title			Hr/WK	00					
$\frac{-\frac{1}{f}}{f}$	Total number	of other employees paid over			•				
51		table for the organization's fir		ated indepe	ndent contractors who	each received more	than		
•	-	compensation from the organi	•						
	• • • • • • • • • • • • • • • • • • • 								
	(a) Name and	address of each independent contract	tor paid more than \$100,0	00	(b) Type of service	ce (c) Compensa	ation	
Name	None	Str			- 				
City		ST	ZIP			İ			
Name		Str	ZII		<u> </u>				
City		ST	ZIP						
		Str	ZIP						
Name			7ID			}			
Cıty		ST	ZIP						
Name	. 	Str							
City		ST	ZIP						
Name		Str							
Cıty	Tatal average	ST_	ZIP		200				
d		of other independent contract	_			\ <u></u>			
52		ization complete Schedule A? naritable trusts must attach a c			anizations and 4947(a	.)(1)	► X Ye	es 🗀	No
Under	enalties of perjury	I declare that I have examined this re	turn, including accompan	ying schedules	and statements, and to the b	est of my knowledge and be	elief, it is		
true, co	rrect, and complete	Declaration of preparer (other than o	officer) is based on all info	rmation of whic	h preparer has any knowledg	ge			
		Kent K.	L.L						
Sign		Signature of officer				Date 4//2.3	2/13		
Here		KANNETH K. K	LEONLH /	SECRET	ARY - TREASUR	t R			
	7	ype or print name and title							
	Print	/Type preparer's name	Preparer's	s signaty/re /	A Date	<u> </u>	PTIN		
Paid	IMAI	RK BARAL	MARK		M Donal 4/2	Check X 23/2013 self-employed	ıf P0083	3833	
Prep	arer 💳								
Use	Only -	Prim's name ► Tax and Accounting Services, LLC Firm's EIN ► 20-1996278 Firm's address ► 68 South Main St, Suite 100, West Hartford, CT 06107 Phone no 860-216-3235							
May		this return with the preparer							No
ividy t	ie ii zo aiscass	ans return with the preparer	SHOWIT ADOVE / SEE	ii iati uctioi 18			<u>▶ </u>	,3 <u> </u>	140

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.

OMB No 1545-0047 Open to Public Inspection

06-6068823

Department of the Treasury Internal Revenue Service Name of the organization

NEW BRITAIN FIRE FIGHTERS LOCAL 992

► Attach to Form 990 or Form 990-EZ.

► See separate instructions. Employer identification number

Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ______ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 [X] 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type ! Type II c Type III—Functionally integrated **d** Type III—Non-functionally integrated By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (s) of your (i) organized in the (see instructions)) support? US? No Yes No Yes No Yes (A) (B) (C) (D) (E) Total

instructions

(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 failed to qualify under Part III II the organization failed to qualify under the tests listed below, please complete Part III I or 10 organization failed to qualify under the tests listed below, please complete Part III I organization failed to qualify under the tests listed below, please complete Part III I organization failed to qualify under the tests is tested below, please complete Part III I organization failed to qualify under the test of the organization failed to qualify under the test of the organization failed to qualify under the test of the organization failed to qualify under the test of the organization failed to qualify under the test of the organization failed to qualify under the test of the organization failed to qualify under the test of the organization failed to qualify (f) Total and the part of the organization of the test organization and the part of the organization of the test organization failed to qualify under the part of th	Par	II Support Schedule for Organiza	tions Describ	oed in Sectio	ns 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)
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	18	* * *	ot check a box o	on line 13, 16a.	16b, 17a, or 17	7b, check this b	ox and see	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	1 1	l J				
•	received (Do not include any "unusual grants ")	100,053	109,603	91,123	96,472	92,879	490,130
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished	1	į				
	in any activity that is related to the						
	organization's tax-exempt purpose	6,787	2,911	1,224	0	0	10,922
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's				1		
	benefit and either paid to or expended on its behalf	0	o	0	0	0	0
5	The value of services or facilities		- 0	0			
•	furnished by a governmental unit to the		i				
	organization without charge	l ol	o	0	o	О	0
6	Total. Add lines 1 through 5	106,840	112,514	92,347	96,472	92,879	501,052
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		ĺ				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	0	0	U	U	U	0
8	Public support (Subtract line 7c from line 6)						501,052
800	tion B. Total Support						301,032
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		<u> </u>	·— · /				.
9	Amounts from line 6	106,840	112,514	92,347	96,472	92,879	501,052
10a	Gross income from interest, dividends,		1				
	payments received on securities loans,	2,817	1,509	413	289	137	5,165
b	rents, royalties and income from similar sources Unrelated business taxable income (less	2,017	1,509	413	203	107	0,103
b	section 511 taxes) from businesses						
	acquired after June 30, 1975		o	0	0	o	0
С	Add lines 10a and 10b	2,817	1,509	413	289	137	5,165
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	Total support. (Add lines 9, 10c, 11,	400.057	44.4.000	00.700	00.764	02.046	E06 047
	and 12)	109,657	114,023	92,760	96,761	93,016	506,217
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, secoi	na, tnira, tourtn, c	or iiitin tax year a	s a section 50 i(c	;)(3)	▶ □
	<u>-</u>	Danasatana					
<u>Sec</u> 15	tion C. Computation of Public Support Public support percentage for 2012 (line 8, column		a 12 column (f)		 -	15	98 98%
16	Public support percentage for 2012 (line 8, column Public support percentage from 2011 Schedule A,		e 13, Column (1))			16	98 31%
	tion D. Computation of Investment Inc		age				300170
<u> 360</u> 17	Investment income percentage for 2012 (line 10c,			mn (f))		17	1 02%
18	Investment income percentage from 2011 Schedu		-			18	1 69%
19a	33 1/3% support tests—2012. If the organization			and line 15 is mo	ı 1/3% ore than 33		
	not more than 33 1/3%, check this box and stop h						▶ X
b	33 1/3% support tests—2011. 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 instructioi	ns	▶□

Schedule A (Form 9	990 or 990-EZ) 2012	NEW BRITAIN FIRE FIGHTERS LOCAL 992	06-6068823	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required or 17b, and Part III, line 12 Also complete this part for any additional	by Part II, lin	e 10,
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

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

Employer identification number

NEW BRITAIN FIRE FIGHTERS LOCAL 992		106-6068823
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 10,753	
Form 990-EZ, Part I, Line 16, Other Expenses	Meals and entertainment 1,175	
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 7,328	
Form 990-EZ, Part I, Line 16, Other Expenses	Supplies 529	
Form 990-EZ, Part I, Line 16, Other Expenses	Charity donations 5,670	
Form 990-EZ, Part I, Line 16, Other Expenses	Retirements 5,411	
Form 990-EZ, Part I, Line 16, Other Expenses	XMAS Party 2,122	
Form 990-EZ, Part I, Line 16, Other Expenses	Scholarships 1,000	
Form 990-EZ, Part I, Line 16, Other Expenses	Flowers / Gifts 1,358	
Form 990-EZ, Part I, Line 16, Other Expenses	SUTA Taxes 458	
Form 990-EZ, Part I, Line 16, Other Expenses	FICA Taxes 1,714	
Form 990-EZ, Part I, Line 16, Other Expenses	FUTA Taxes 189	
Form 990-EZ, Part I, Line 16, Other Expenses	Property Taxes 14	
Form 990-EZ, Part I, Line 16, Other Expenses	License 50	
Form 990-EZ, Part I, Line 16, Other Expenses	Union Dues 31,906	
Form 990-EZ, Part I, Line 16, Other Expenses	Insurance 685	
Form 990-EZ, Part II, Line 24, Other Assets O	FFICE EQUIPMENT Beginning of year 765, End of	of
year 765		

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
NEW BRITAIN FIRE FIGHTERS LOCAL 992	06-6068823
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