As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492027004200 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 10-01-2018 and ending 09-30-2019 B Check if applicable D Employer identification number C Name of organization New London Fire Fighters Union Local 1522 ☐ Address change 06-6045365 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO Box 969 ☐ Final return/terminated (860) 460-1992 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return F Group Exemption New London, CT 06320 ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www newlondonfirefightersunion org **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other 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, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I \checkmark 1 38,680 2 2 Program service revenue including government fees and contracts 0 3 Membership dues and assessments 3 57,652 4 18,152 4 5a 76 Gross amount from sale of assets other than inventory 5b 76 h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 5.219 Less direct expenses from gaming and fundraising events 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d 5,219 7a Gross sales of inventory, less returns and allowances . . . b 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 119,703 10 Grants and similar amounts paid (list in Schedule O) 10 32,226 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 200 13 23,812 13 Professional fees and other payments to independent contractors 14 4,418 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 175 16 Other expenses (describe in Schedule O) 16 49.360 17 17 Total expenses. Add lines 10 through 16 110,191 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 9,512 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 423,378 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -7,570 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 425,320 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part II	Balance Sheets (see the instruction Check if the organization used Schedu		uestion in this	Part II			
		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		eginning of year	· · ·	(B) End of year
22 Cash, sa	vings, and investments			(1.7 2	423,078	22	425,320
	d buildings					23	
24 Other as	sets (describe in Schedule O)				300	24	0
	ssets				423,378	25	425,320
26 Total lia	abilities (describe in Schedule O)					26	
	ets or fund balances (line 27 of colum	<u> </u>			423,378	27	425,320
Part Ⅲ	Statement of Program Service Check if the organization used Schedu	•	•		rt III)	(Rec	Expenses quired for section 501(c)
	organization's primary exempt purpose	>	question in this	rait III		(3) ·	and 501(c)(4) anizations, optional for
Describe the	pership representation and support to lo gorganization's program service accomp y expenses In a clear and concise mani and other relevant information for each p	olishments for each of its ner, describe the service				- othe	ers)
28	nal Data Table						
Grants \$)	If this amou	ınt ıncludes foreign grar	nts check here		. ▶ □	28a	
	tional Data Table	and includes foreign gran	its, check here	•	. ,	29a	
Grants \$)	If this amou	ınt ıncludes foreign grar	ats shack here		. ▶ □		
	tional Data Table	int includes foreign gran	its, check here	• •	. • -	30a	
Grants \$)		ınt ıncludes foreıgn grar	nts, check here		. ▶ ⊔		
31 Other pro Grants \$)	ogram services (describe in Schedule O) ınt ıncludes foreıgn grar	ots check here			31a	
· · · · ·	ogram service expenses (add lines 2		its, check here		<u>. </u>	+ +	64,133
Part IV	List of Officers, Directors, Trustees Check if the organization used Schedu	s, and Key Employees	(list each one ev	en ıf not co	ompensated — see the	instruct	ions for Part IV)
					1		1
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -0	ition /1099- i t paid,	(d) Health ben- contributions to er benefit plans, deferred compen	nployee and	(e) Estimated amount of other compensation
Steve Joly		2 00	enter -	0		0	0
President							
Michael Cole	eman	2 00		0		0	0
/ıce Preside	nt						
Kevin Ianna	ntuono	4 00		0		0	100
Freasurer							
Patrick Leon	ard	4 00		0		0	100
Secretary Andrew Roze		1 00		0		0	0
Andrew Roze	ek	1 00		U		U	·
Executive Bo							
t Jeremy H	ynek	1 00		0		0	0
Executive Bo	pard						
Tım Jeffery		1 00		0		0	0
Executive Bo	oard/Sick Committee						
lordan Stelle	· · · · · · · · · · · · · · · · · · ·	1 00		0		0	0
ΓV Committe	ee						
· · · · · · · · · · · · · · · · · · ·							
		1	i		l		1

Pai	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 in this Part V			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V .	· · · ·		
33	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 O	33	Yes	No No
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 change			No
35a	on Schedule O (see instructions) 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)?	34 35a		No
Ь	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		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	30		
Ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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			
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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		No
42a	List the states with which a copy of this feturn is filed			
	e organization's books are in care of ▶ <u>Kevin Iannantuono</u> Telephone no ▶	(860)	460-848	9
	Located at ► 11 Hale Haven Road Uncasville , CT ZIP + 4 ►	06382		
		Г		
L	Ab		Yes	No_
D	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)?	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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	Г	I	
44-	Did the average to a secretary and decreased find a display the constitution of Farms 000 months are availabled in the		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	44a		No
D	Instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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		No

							Yes	No
	the organization engage, directly or indiredidates for public office? If "Yes," complet			of or in	opposition to			
Part VI		<u> </u>		•	· · ·	46	5	
dit vi	All section 501(c)(3) organization		ions 47- 49b and 52	2, and	complete the ta	bles fo	r lines !	0 and
	51. Check if the organization used Schedu	le O to respond to any o	juestion in this Part VI					
							Yes	No
	the organization engage in lobbying activ Yes," complete Schedule C, Part II	ities or have a section 5	01(h) election in effect	during	the tax year?	. 47	,	
18 Is th	he organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E		. 48	3	
19a Did	the organization make any transfers to ar	n exempt non-charitable	related organization?			. 49	a	
b If"Y	If "Yes," was the related organization a section 527 organization?					. 49	b	
	nplete this table for the organization's five					es and k	ey empl	oyees)
	b each received more than \$100,000 of co a) Name and title of each employee	(b) Average	ganization If there is r		nter "None " I) Health benefits,	(e)	Estimate	ed amour
•		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	b	ributions to employ enefit plans, and erred compensation		ther con	pensatio
						- 1		
f To	otal number of other employees hald over	\$100,000			<u> </u>			
	otal number of other employees paid over	•	odenendent contractor		each received more	a than \$	100 000	
51 Com	otal number of other employees paid over nplete this table for the organization's five npensation from the organization If there	highest compensated in		s who e	each received more	e than \$	100,000	of
51 Com	nplete this table for the organization's five	highest compensated ir is none, enter "None "					100,000 npensati	
51 Com	nplete this table for the organization's five	highest compensated ir is none, enter "None "						
51 Com	nplete this table for the organization's five	highest compensated ir is none, enter "None "						
51 Com	nplete this table for the organization's five	highest compensated ir is none, enter "None "						
51 Com	nplete this table for the organization's five	highest compensated ir is none, enter "None "						
51 Com	nplete this table for the organization's five	highest compensated ir is none, enter "None "						
51 Com	nplete this table for the organization's five	highest compensated ir is none, enter "None "						
51 Com	nplete this table for the organization's five	highest compensated ir is none, enter "None "						
51 Com	nplete this table for the organization's five	highest compensated ir is none, enter "None "						
51 Com	nplete this table for the organization's five	e highest compensated in is none, enter "None " each independent contr	actor					
d To	nplete this table for the organization's five opensation from the organization. If there (a) Name and business address of	e highest compensated in is none, enter "None " each independent contr	\$100,000	(b) T	ype of service			
d To	nplete this table for the organization's five opensation from the organization. If there (a) Name and business address of	e highest compensated in is none, enter "None " each independent control of the c	\$100,000	(b) T	ype of service	(c) Con		on
d To com d To com dinder pen nowledge	nplete this table for the organization's five opensation from the organization. If there (a) Name and business address of open and open address of open and	e highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(amined this return, inclu	\$100,000 c)(3) organizations mu	(b) To	ype of service	(c) Con	Yes he best	No of my
d To 52 D onder pen nowledge	potal number of other independent contract of the organization and the organization and the organization of the organization of the organization complete Schedule A? ompleted Schedule A	e highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(amined this return, inclu	\$100,000 c)(3) organizations mu	(b) To	ype of service ch a and statements, a ed on all information 2020-01-21	(c) Con	Yes he best	No of my
d To con d To con der pen nowledge as any kr	otal number of other independent contract of the organization and the organization and the organization and the organization and other independent contract of the organization complete Schedule A ompleted S	e highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(amined this return, inclu	\$100,000 c)(3) organizations mu	(b) To	ype of service	(c) Con	Yes he best	No of my
d To con d To con der pen nowledge as any kr	potal number of other independent contract of the organization and the organization and the organization of the organization of the organization complete Schedule A? ompleted Schedule A	e highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(amined this return, inclu	\$100,000 c)(3) organizations mu	(b) To	ype of service ch a and statements, a ed on all information 2020-01-21	(c) Con	Yes he best	No of my
d To com d To com der pen nowledge as any kr ign lere	potal number of other independent contract of the organization complete Schedule A? ompleted Schedule A	e highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(amined this return, inclu	\$100,000	(b) To	ype of service ch a and statements, and on all information 2020-01-21 Date Check	(c) Con	Yes he best	No of my
d To 52 D onder pen nowledge as any kr iign lere	potal number of other independent contract Old the organization complete Schedule A? ompleted Schedule A	ors each receiving over NOTE. All section 501(\$100,000	(b) To	ype of service ch a and statements, a ed on all information 2020-01-21 Date	(c) Con	Yes he best	No of my
d To 52 D Inder pen nowledge	nplete this table for the organization's five opensation from the organization. If there (a) Name and business address of Old the organization complete Schedule A? ompleted Schedule A	ors each receiving over NOTE. All section 501(\$100,000	(b) To	ype of service ch a and statements, and on all information 2020-01-21 Date Check If POO self-employed	. ► □ and to the on of when the one of which	Yes he best	No of my
d To 52 D collader pen nowledge as any kr Sign lere	nplete this table for the organization is five appensation from the organization. If there (a) Name and business address of Old the organization complete Schedule A? ompleted Schedule A	e highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(amined this return, incluste Declaration of prepa	\$100,000	(b) To	ype of service ch a ch a 2020-01-21 Date Check If self-employed Firm's EIN	. ► □ and to the on of when the one of which	Yes he best	No of my

Page **4**

Form 990-EZ (2018)

Additional Data

Software ID:

Software Version:

EIN: 06-6045365

Name: New London Fire Fighters Union Local 1522

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organiz services, as measure number of persons b	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
	dependents of active New London Firefighers and/or other localstudents to immortalize the ters. Recipients must intendto continue their education at an accredited institution of higher	28a	9,000
(Grants \$)	If this amount includes foreign grants, check here 🕨 🗌		

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

Form 990EZ, Part III - Statement of Program Service Accomplishments



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

Form 990EZ, Part III - Statement of Program Service Accomplishments

number of persons benefited, and other relevant information for each program title.			for others.)		
30 Raise awareness by sponso including MDA Fill the Boot	oring local youth sports and events, participate and/or donate to community fundraisers	30a	11,725		
(Grants \$)	If this amount includes foreign grants, check here				

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93492027004200

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B

Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c
- (Proxy Tax) (see separate instructions), then

	, (, ,	•
 Section 	on 501(c)(4)) (5) or (6)) organizations	Complete Part III

Employer identification number Name of the organization New London Fire Fighters Union Local 1522

06-6045365

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

'political campaign activities")

Political campaign activity expenditures (see instructions)

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1

Enter the amount of any excise tax incurred by the organization under section 4955 2

Enter the amount of any excise tax incurred by organization managers under section 4955

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

4a Was a correction made? ☐ Yes ☐ No

If "Yes," describe in Part IV

(b) Address

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(c) EIN

filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-(1) New London Firefighters PAC Fund 750 PO Box 969 06-6045365 615 New London, CT 06320 3

(a) Name

(d) Amount paid from

(e) Amount of political

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	d 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f		
h	Subtract line 1g from line 1a If zero or less, enter -(

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

1

3

5

Part IV

Pt I-A Line 1

expenditure next year?

Return Reference

(b)

Amount

(a)

No

Yes

3

4

5

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Yes 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year b Carryover from last year 2b 2c C Total

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

The Organization collects political contributions via payroll deduction. These deposits are made into the

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

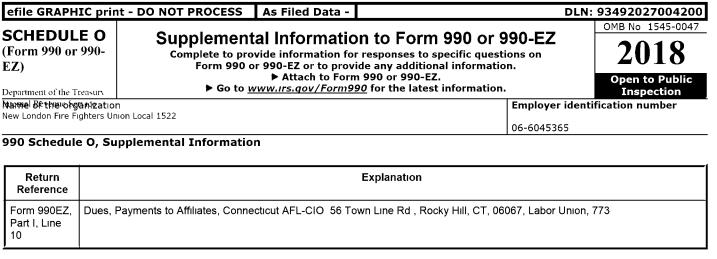
Supplemental Information

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

separate segregated bank account as required

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of



Return Explanation

990 Schedule O, Supplemental Information

Reference Form 990EZ. Dues, Payments to Affiliates, Int'l Assoc of Fire Fighters 1750 New York Ave N W, Washington, DC, 20006, Affiliate, 11006 Part I, Line

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990EZ, Payments to Affiliates, Uniformed Prof FF Assoc of CT 30 Sherman St , West Hartford, CT, 06110, Affiliate, 11447

Part I, Line

Return Explanation

990 Schedule O, Supplemental Information

Reference	
Form 990EZ, Part I, Line	John O'Connor Memorial Scholarship Trust, Scholarships, 2 Recipients x \$4,500 , , , , FBO NLF Children, 9000
4.0	

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Assessment repayment 13200 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Brokerage fees 4399 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Conferences, conventions, meetings 2454

Form 990EZ, Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ. Donations 6816 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ. Donations - Muscular Dystrophy Assoc 4910 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Dues & subscriptions 1261 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, New TV and 3 A/C units 2507 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Kitty 8472 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Miscellaneous 1219 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Office supplies 766 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Political 750 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Presidents Expense 600 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Sick committee 837 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Soda 720 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Website 449 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, Part I, Line Net Unrealized Losses on Investment -7570

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, Part II, Line

Due from New London Fire Fighter - Personal Loan 300 0