

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **IBPO LOCAL #472**
 Number and street (or P.O. box if mail is not delivered to street address) **PO BOX 752 PO BOX 752** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code **EAST GREENWICH, RI 02818** **05**

D Employer identification number **05-0429702**

E Telephone number **401 886 8639**

F Group Exemption Number ▶ **7**

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: ▶

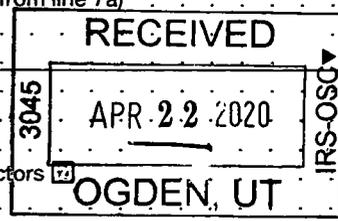
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 144311

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

Revenue	<input checked="" type="checkbox"/> 1	Contributions, gifts, grants, and similar amounts received	1	
	<input checked="" type="checkbox"/> 2	Program service revenue including government fees and contracts	2	
	<input checked="" type="checkbox"/> 3	Membership dues and assessments	3	18281
	<input checked="" type="checkbox"/> 4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	62452
c	Less: direct expenses from gaming and fundraising events	6c	39638	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	22813	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	510	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41604	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	1000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	12	5308
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	13	750
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1577
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16	6516
	17	Total expenses. Add lines 10 through 16 ▶	17	15151
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	26453
	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)	19	117858
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	144311



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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

		Yes	No
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		✓
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 on Schedule O. See instructions	34		✓
35a 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)?	35a		✓
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		
c 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		✓
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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	37a		
b Did the organization file Form 1120-POL for this year?	37b		✓
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		✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b		N/A
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a		N/A
b Gross receipts, included on line 9, for public use of club facilities	39b		N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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	40b		✓
c 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 sections 4912, 4955, and 4958			N/A
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			N/A
e 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		✓
41 List the states with which a copy of this return is filed ▶ RHODE ISLAND			
42a The organization's books are in care of ▶ DAVID PETRUCCI Telephone no. ▶ 401 866 8639 Located at ▶ 176 FIRST AVENUE EAST GREENWICH, RI ZIP + 4 ▶ 02818			
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		✓
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			<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		✓
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		✓

	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 type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input 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	(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

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

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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 <i>David Imbriglio</i>	Date <i>4-15-20</i>	
	DAVID IMBRIGLIO PRESIDENT Type or print name and title		
Paid Preparer Use Only	Pnnt/Type preparer's name ANNE ANDERSON	Preparer's signature <i>A Anderson</i>	Date <i>3/31/20</i>
	Firm's name ▶	Check <input checked="" type="checkbox"/> if self-employed PTIN P00636733	
	Firm's address ▶	Firm's EIN ▶ Phone no	

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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
		Ch Link Ad Book (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	62452			62452
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	62452			62452
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	39638			39638
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				39638
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				22813	

Part III Gaming. Complete if the organization answered "Yes" on 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

- 9** Enter the state(s) in which the organization conducts gaming activities: _____
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If "No," explain: _____
- _____
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If "Yes," explain: _____
- _____

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

IBPO LOCAL #472

Supplemental Information to Form 990 or 990-EZ

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

05-0429702

FORM 990 EZ PART 1, LINE 8, OTHER REVENUE: AMOUNT

SODA MACHINE INCOME 510

FORM 990-EZ PART 1, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

SCHOLARSHIPS FOR LOCAL HIGH SCHOOL SENIORS 1000

FORM 990-EZ PART 1, LINE 16, OTHER EXPENSES:

CHARITABLE CONTRIBUTIONS 2522

SUPPLIES 73

MEETINGS AND CONFERENCES 3628

MEMORIAL FLOWERS AND DONATIONS 293

FORM 990-EZ, PART II, PRIMARY EXEMPT PURPOSE:

TO FOSTER AND ADOPT WAYS AND MEANS FOR CONTINUOUS IMPROVEMENT OF THE WORKING AND LIVING STANDARDS OF THE LOCAL AFFILIATES WITHIN THIS BROTHERHOOD. TO SECURE LEGISLATION IN THE INTEREST OF OUR MEMBERS, TO BRING ABOUT HIGHER WAGES, SHORTER HOURS AND BETTER WORKING CONDITIONS FOR THEM. TO INFLUENCE PUBLIC OPINION, BY PEACEFUL AND LEGAL METHODS IN FAVOR OF OUR ORGANIZATION TO PROMOTE, ENCOURAGE AND BRING INTO EXISTENCE SATISFACTORY CONTRACTUAL RELATIONSHIPS WITH MUNICIPAL, STATE AND FEDERAL GOVERNMENTS FROM WHICH THE MEMBERS OF OUR AFFILIATES ARE DRAWN, ALL FOR THE PURPOSE OF STABILIZING EMPLOYMENT CONDITIONS TO THE MUTUAL ADVANTAGE OF BOTH GOVERNMENT AND OUR MEMBERS.

