

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 private foundations)

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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. **1912**

A For the 2019 calendar year, or tax year beginning January 1st, 2019, and ending December 31st, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <input type="checkbox"/> 27 <u>New Britain Police Union AFSCME Local 1165</u>	D Employer identification number <input type="checkbox"/> 21 <u>06-0610985</u>	
	Number and street (or P O box if mail is not delivered to street address) <input type="checkbox"/> 21 <u>10 Chestnut Street</u>	Room/suite <u></u>	E Telephone number <u>860-826-3014</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>New Britain, CT 06051</u> <u>05</u>		F Group Exemption Number ▶ <input type="checkbox"/> 21 <u>1381</u>

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B 21 (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 Form of organization: Corporation Trust Association Other Local Union

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 ▶ \$ 145,100.80

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 21

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received		1	-0-
	2 Program service revenue including government fees and contracts		2	-0-
	3 Membership dues and assessments		3	145,100.80
	4 Investment income		4	-0-
	5a Gross amount from sale of assets other than inventory	5a -0-	5c	-0-
	b Less: cost or other basis and sales expenses	5b N/A		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			
	6 Gaming and fundraising events:		6d	-0-
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a -0-		
b Gross income from fundraising events (not including \$ -0- 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 -0-			
c Less: direct expenses from gaming and fundraising events	6c -0-			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a Gross sales of inventory, less returns and allowances	7a -0-	7c	-0-	
b Less: cost of goods sold	7b -0-			
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)				
8 Other revenue (describe in Schedule O)		8	-0-	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	145,100.80	
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	-0-
	11 Benefits paid to or for members		11	31,009.50
	12 Salaries, other compensation, and employee benefits <input type="checkbox"/> 27		12	25,732.80
	13 Professional fees and other payments to independent contractors <input type="checkbox"/> 27		13	75,456.00
	14 Occupancy, rent, utilities, and maintenance		14	-0-
	15 Printing, publications, postage, and shipping		15	-0-
	16 Other expenses (describe in Schedule O) <input type="checkbox"/> 27		16	-0-
17 Total expenses. Add lines 10 through 16		17	132,198.30	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)		18	12,902.50
	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	74,755.73
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	-0-
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	77,640.69

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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	74,755.73	77,640.69
23 Land and buildings	-0-	-0-
24 Other assets (describe in Schedule O)	-0-	-0-
25 Total assets	74,755.73	77,640.69
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)	74,755.73	77,640.69

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? _____

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, optional for others)

28	_____	
29	_____	
28	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	_____	
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	_____	
31	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) _____	
31	(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
Blank Rosozinski (President) 10 Chestnut St. New Britain CT	40	10,293.12	-0-	-0-
Jared Barsalew (Vice president) 10 Chestnut St. New Britain CT	20	5,146.56	-0-	-0-
John Davis (Secretary) 10 Chestnut St. New Britain CT	20	5,146.56	-0-	-0-
Kyle Cleary (Treasurer) 10 Chestnut St. New Britain	20	5,146.56	-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

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

Table with columns Yes, No. Row 33: Yes [], No [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 change on Schedule O. See instructions

Table with columns Yes, No. Row 34: Yes [x], No []

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)?

Table with columns Yes, No. Row 35a: Yes [x], No []

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

Table with columns Yes, No. Row 35b: Yes [x], No []

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

Table with columns Yes, No. Row 35c: Yes [x], 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

Table with columns Yes, No. Row 36: Yes [x], No []

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a -0-

Table with columns Yes, No. Row 37a: Yes [], No []

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

Table with columns Yes, No. Row 37b: Yes [x], 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?

Table with columns Yes, No. Row 38a: Yes [x], No []

b If "Yes," complete Schedule L, Part II, and enter the total amount involved

38b -0-

Table with columns Yes, No. Row 38b: Yes [x], No []

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a -0-

Table with columns Yes, No. Row 39a: Yes [], No []

b Gross receipts, included on line 9, for public use of club facilities

39b -0-

Table with columns Yes, No. Row 39b: Yes [], No []

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 -0-; section 4912 -0-; section 4955 -0-

Table with columns Yes, No. Row 40a: Yes [], No []

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

Table with columns Yes, No. Row 40b: Yes [x], No []

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 -0-

Table with columns Yes, No. Row 40c: Yes [], No []

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization -0-

Table with columns Yes, No. Row 40d: Yes [], No []

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

Table with columns Yes, No. Row 40e: Yes [x], No []

41 List the states with which a copy of this return is filed Connecticut

42a The organization's books are in care of Kyle Cleary Telephone no. 860-826-3014

Located at 10 Chestnut Street, New Britain, CT ZIP + 4 06051

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)?

Table with columns Yes, No. Row 42b: Yes [], No [x]

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).

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

Table with columns Yes, No. Row 42c: Yes [], No []

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

Table with columns Yes, No. Row 43: Yes [x], No []

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No. Row 44a: Yes [], No [x]

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

Table with columns Yes, No. Row 44b: Yes [x], No []

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No. Row 44c: Yes [x], 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

Table with columns Yes, No. Row 44d: Yes [x], No []

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes, No. Row 45a: Yes [x], No []

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

Table with columns Yes, No. Row 45b: Yes [x], 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

Yes No
46 [] [] [x]

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

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

Yes No
47 [] [x]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 [] [x]

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a [] [x]

b If "Yes," was the related organization a section 527 organization?

49b [] [x]

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."

Table with 5 columns: (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."

Table with 3 columns: (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
[x]

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, Type or print name and title. Includes handwritten signature of Jared Barsaleau, Vice President, dated 02-14-2020.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions