As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492039007191 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 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 www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020 **B** Check if applicable: C Name of organization D Employer identification number 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** G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ 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 1 19,244 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 50,592 4 18,839 4 5a Gross amount from sale of assets other than inventory h 11,136 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 18,788 C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а 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) Less: direct expenses from gaming and fundraising events 60 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d d 0 7a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold **7**c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . c 8 Other revenue (describe in Schedule O) . . 8 107,463 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 10 10 38,793 Grants and similar amounts paid (list in Schedule O) . 11 11 Benefits paid to or for members 12 12 200 Salaries, other compensation, and employee benefits . Expenses 13 13 12,662 Professional fees and other payments to independent contractors 14 4,899 14 Occupancy, rent, utilities, and maintenance 215 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe in Schedule O) 16 27,242 17 Total expenses. Add lines 10 through 16 17 84.011 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 23,452 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 425,320 20 Other changes in net assets or fund balances (explain in Schedule O) . -64,160 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 384,612 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

101111 990-EZ (2019)						Page Z
Part II Balance Sheets (see the instructions Check if the organization used Schedule		wastion in this Da	ort II			П
Check if the organization used Schedule	O to respond to any q	uestion in this Pa		eginning of year	· · ·	(B) End of year
22 Cash, savings, and investments		🗠	(A) D	425,320	22	384,612
23 Land and buildings				,	23	<u>'</u>
24 Other assets (describe in Schedule O)		[24	_
25 Total assets		[425,320	25	384,612
26 Total liabilities (describe in Schedule O)					26	
27 Net assets or fund balances (line 27 of column	• •			425,320	27	384,612
Statement of Program Service A Check if the organization used Schedule	•	-		rt III)	l (Re	Expenses quired for section 501(c)
What is the organization's primary exempt purpose?	O to respond to any c	question in this Fa	ait III		(3)	and 501(c)(4)
Union membership representation and support to loca						anizations; optional for ers.)
Describe the organization's program service accompli: measured by expenses. In a clear and concise manne benefited, and other relevant information for each pro	r, describe the service					
28 See Additional Data Table	-					
(Grants \$) If this amoun	t includes foreign gran	its, check here		. ▶ □	28a	
29 See Additional Data Table	gg	,		<u> </u>	29a	
(Grants \$) If this amoun	t includes foreign gran	its, check here		. ▶ □		
30 See Additional Data Table					30a	
(Grants \$) If this amoun	t includes foreign gran	its check here		. • 🗆		
31 Other program services (describe in Schedule O)			<u> </u>	· • <u>-</u>	+	
,	· · · · · · · · · · · · · · · · · · ·		• •	· · · ·	31a	
32 Total program service expenses (add lines 28a		its, check here i				65,296
Part IV List of Officers, Directors, Trustees,	and Key Employees	(list each one even	if not co	ompensated — see the	instruc	tions for Part IV)
Check if the organization used Schedule	O to respond to any q	uestion in this Pa	art IV.			🗆
(a) Name and title	(b) Average	(c) Reportal	hle	(d) Health ben	efits	(e) Estimated amount
(a) Name and title	hours per week	compensation				e of other compensation
	devoted to position	(Forms W-2/1 MISC) (if not		benefit plans, deferred compen	and	
		enter -0-		deferred compen	Sation	
Steve Joly	2.00		0		0	0
President						
Michael Coleman	2.00		0		0	0
Vice President						
Kevin Iannantuono	4.00		0		0	100
Nevin Idiniditatio	1.00		ŭ			
Treasurer	1.00					100
Patrick Leonard	4.00		0		0	100
Secretary						
Andrew Rozek	1.00		0		0	0
Executive Board						
Lt Jeremy Hynek	1.00		0		0	0
Executive Board						
Tim Jeffery	1.00		0		0	0
·						
Executive Board/Sick Committee	1.00					
Jordan Stelle	1.00		0		0	0
TV Committee						
						1

01111	555 12 (2015)			rage 3
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	· · ·		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		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 on Schedule O. See instructions.	34		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)?	35a		No
	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
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	┤ <u> </u>		
	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	38a		No
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	364		No
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 1		
	section 4911 ► ; section 4912 ► ; section 4955 ►			
ь	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		
С				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a	The organization's books are in care of ▶ Kevin Iannantuono Telephone n	o. ⊳ <u>(86</u>	50) 460-8	8489
	Located at ▶ 11 Hale Haven Road Uncasville , CT ZIP + 4 ▶	06382		
			Yes	No
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)?	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: ▶			
43 9	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			
			Yes	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	44a		No
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		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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

No Post P	OIIII	990-62	2 (2019)							Page 4
condidates for public office? If "res," emplete Schedule C, Part I. As pection 501(c)(3) arganizations only As section 501(c)(3) arganizations must answer questions 47-49h and 52, and complete the tables for lines 50 and 51 check in the organization and schedule 0 to respond to any question in this Part VI. To did the organization as chool as described in section 170(b)(1)(A)(ii)) If "res," complete Schedule E. As a large of the organization as a complete schedule D to respond to any question in effect during the tax year? If "res," complete Schedule E. As a large of the organization as chool as described in section 170(b)(1)(A)(ii)) If "res," complete Schedule E. As a large of the organization as chool as described in section 170(b)(1)(A)(ii)) If "res," complete Schedule E. As a large of the organization as a complete organization as a com									Yes	No
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete trables for lines 50 and 51 Check if the organization used Scredule O to respond to any question in this Part VI. 17 Did the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? 18 If the organization as boto as described in section 170(b)(11/4)(iii)) HT Ves, "complete Schedule E 48 48 490	46							46		
Check if the organization uses Schedule O to respond to any question in this Part VI.	Par	t VI						I		
17 Did the organization engage in lobbying activities or have a section 502(h) election in effect during the tax year? 18 Is the organization actional as described in section 170(b)(1)(A)(iii)? if "Yes," complete Schedule E 19 Did the organization make any transfers to an exempt non-charinable related organization? 19 Did the organization make any transfers to an exempt non-charinable related organization? 10 Complete this table for the organization is section 527 organization? 10 Complete this table for the organization when any control in the organization is section 527 organization? 10 Complete this table for the organization when any control in the organization is section 527 organization? 10 Complete this table for the organization is section 527 organization? 11 Type organization the organization of the organization is section 527 organization? 12 Organization organization organization is section 527 organization? 13 Organization organization organization is section 527 organization organization in the organization organization is section 527 organization organization organization organization in the organization organization organization in the organization organization organization in the organization o			All section $501(c)(3)$ organizations in Check if the organization used Schedule	must answer questi O to respond to any q	ons 47- 49b an uestion in this Pa	id 52, and o rt VI	complete the tal	oles for l	ines 50 • • •	and 51 □
If Yes, complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E If Is the organization as an application as a section 170(b)(1)(A)(ii)? If Yes, complete Schedule E If Is the organization as a product of the section 170(b)(1)(A)(ii)? If Yes, complete Schedule E If Is the organization as a product of the section 170(b)(1)(A)(ii)? If Yes, complete Schedule E If Yes, was the related organization as ect on 527 organization? If Yes, was the related organization as ect on 527 organization? If Is table for the organization as ect on 527 organization organization, if Is Is the is none, enter Yes, each received more than 1400,000 of compensation from the organization from the organization in the Isonomeropation of Compensation organization or the Isonomeropation of Compensation organization or the organization of the Isonomeropation or the organization of the Isonomeropation or the organization of the Isonomeropation or the organization. If there is none, enter Yes, and deterned complexes the Isonomeropation organization orga									Yes	No
19 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "ves," complete Schedule E	47			es or have a section 5	01(h) election in	effect during	the tax year?	47		
Did the organization make any branefers to an exempt non-charitable related organization? 49a	40				T5 "Van " aanvalat					
b If Yes," was the related organization a section 527 organization? 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 bitle of each employee			-				•	49a		
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 (c) Roprotable (Forms W-2/1099- deferred compensation (r) Health benefits. (e) Estimated amount of the organization of other employees paid over \$100,000 for 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. (e) Total number of other independent contractors each receiving over \$100,000. (g) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (g) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (e) Total number of other independent contractors each receiving over \$100,000. (e) Total nu				•				49b		
whe 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 (c) Reportable contributions to employee of other compensation (forms w/2.1999—here plane, and deferred compensation (forms w/2.1999—here plane, and deferred compensation of the plane). And deferred compensation of the property of the compensation of the plane plane (forms w/2.1999—here plane). And deferred compensation of the plane plane. And deferred compensation of the plane plan			,	•	mployees (other	than officers	s, directors, truste	es and ke	y employ	/ees)
compensation devoted to position Commensation Contributions to empire plans, and deferred compensation Commensation Co		who e	each received more than \$100,000 of com	pensation from the org	ganization. If the	re is none, e	nter "None."			
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. Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A		(a)	Name and the or each employee	hours per week	compensation (Forms W-2/1	on contr 099- b	ributions to employ penefit plans, and	ee of oth		
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. Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A										
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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. Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A										
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. Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A. Onder pensities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge. Date Signature of officer Date										
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. Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A										
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(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. Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A Ves No No No No No No No N	f	Tota	al number of other employees paid over \$	100,000			<u>-</u>			
d Total number of other independent contractors each receiving over \$100,000	51				ndependent contr	actors who e	each received mor	e than \$1	00,000 o	of
Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A			(a) Name and business address of e	ach independent contr	actor	(b) T	ype of service	(c) Comp	pensation	<u>1</u>
Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A										
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completed Schedule A	d	Tota	al number of other independent contractor	s each receiving over	\$100,000		•			
Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge. ******	52	Did	the organization complete Schedule A? N	IOTE. All section 501(c)(3) organization	ns must atta	ch a			
nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge. ****** 2021-02-02		con	npleted Schedule A					· • 🗆 Y	es ∐ I	No
Signature of officer Kevin Iannantuono Treasurer Type or print name and title	nowl	edge a	and belief, it is true, correct, and complete							
Kevin Iannantuono Treasurer Type or print name and title										
Print/Type or print name and title Print/Type preparer's name	_						Date			
Paid Preparer Jse Only Kim E Wawrzynowicz CPA 2021-02-08 Check if self-employed P00658385	iere									
Preparer Jse Only Firm's name ▶ Premier CPAs PC Firm's address ▶ 211 Boston Post Rd Phone no. (860) 739-8222) o i e	,		Preparer's signature			Check L if Poo			
Jse Only Firm's address ▶ 211 Boston Post Rd Phone no. (860) 739-8222			Firm's name ► Premier CPAs PC			<u> </u>				
East Lyme, CT 06333	_		v -				Phone no. (860) 73	9-8222		
			East Lyme, CT 06333							

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 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.)		
	ependents of active New London Firefighers and/or other localstudents to immortalize the ers. Recipients must intendto continue their education at an accredited institution of higher	28a	13,500		
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ lacktriangle$				

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

Expenses

(Required for section 501

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.		panizations; optional for others.)
29 Organize, represent, and service local union members including negotiations and grievances.	29a	45,577

(Grants \$)

If this amount includes foreign grants, check here . . . \blacktriangleright

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 sponsincluding MDA Fill the Boot	oring local youth sports and events, participate and/or donate to community fundraisers t.	30a	6,219
(Grants \$)	If this amount includes foreign grants, check here \blacktriangleright		

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• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

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

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

2019

DLN: 93492039007191

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

or Organizations Exempt From Income Tax Under Section 501(c) and Section 527

► 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.

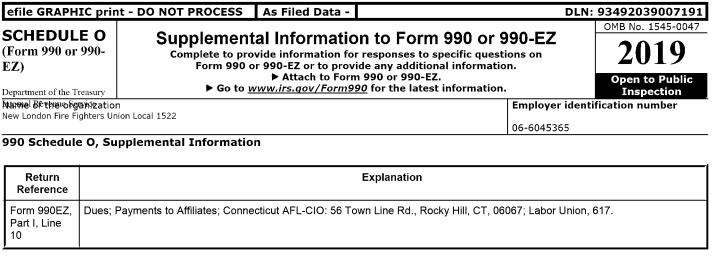
Inspection

f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha e organization answered "Yes" o	ete Part I-A only. In Form 990, Part IV, Line 4, or Form 9 In thave filed Form 5768 (election under 9 In thave NOT filed Form 5768 (election under 990, Part IV, Line 5 (Proxy Ta	section 501(h)): Co inder section 501(h)	mplete Part II-A. Do not co)): Complete Part II-B. Do	omplete Part II-B. not complete Part II-A.
•	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organi	,,			
	me of the organization N London Fire Fighters Union Local 1522			Employer ide	ntification number
				06-6045365	
Par	t I-A Complete if the orga	inization is exempt under section	on 501(c) or is	a section 527 organi	zation.
1	"political campaign activities")	nization's direct and indirect political ca	, ,	`	for definition of
2	Political campaign activity expend	ditures (see instructions)		>	\$0
3	·	paign activities (see instructions)			0
Par	t I-B Complete if the orga	inization is exempt under section	on 501(c)(3).		
2	Enter the amount of any excise t	ax incurred by the organization under s ax incurred by organization managers to	ınder section 4955	>	\$ \$
3 4a	_	tion 4955 tax, did it file Form 4720 for	•		☐ Yes ☐ No ☐ Yes ☐ No
b Par	If "Yes," describe in Part IV.	inization is exempt under section	on 501(c) exce	ent section 501(c)(3)	1
1		ded by the filing organization for section			\$ 0
2	Enter the amount of the filing org	ganization's funds contributed to other	organizations for se	ction 527 exempt	\$ 0
3	Total exempt function expenditur	res. Add lines 1 and 2. Enter here and c	on Form 1120-POL,	line 17b ▶	\$ n
4	Did the filing organization file Fo	rm 1120-POL for this year?			□ Yes ☑ No
5	organization made payments. Fo of political contributions received	employer identification number (EIN) o r each organization listed, enter the am I that were promptly and directly deliven see (PAC). If additional space is needed,	ount paid from the red to a separate po	filing organization's funds olitical organization, such	ch the filing . Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1) [New London Firefighters PAC Fund	PO Box 969 New London, CT 06320	06-6045365	0	0
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

Pt I-A Line 1

or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
ctiv	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Δ	moun	t
	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
2	Media advertisements?			1		
t	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
F	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
1	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			1		
С	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?					
aı	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti	ion		
			_		Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	Yes	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
aı	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members	(5), o III-A	r secti , line 3	ion 5 3, is	(01(c)	(6)
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
3	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
	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 expenditure next year?	4				
	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	4				
	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)					
P	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information	5	- A lines	1 25	12/00	
ro	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	5	-A, lines	1 and	d 2 (se	 e

The Organization collects political contributions via payroll deduction. These deposits are made into the separate segregated bank account as required.



Return Explanation

990 Schedule O, Supplemental Information

Reference	
Part I, Line	Dues; Payments to Affiliates; Int'l Assoc. of Fire Fighters: 1750 New York Ave N.W., Washington, DC, 20006; Affiliate, 11945.
40	

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, 12731.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line	John O'Connor Memorial Scholarship Trust; Scholarships; 3 Recipients x \$4,500: , , , ; FBO NLF Children, 13500.
10	

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Brokerage fees 4323. Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Conferences, conventions, meetings 195.

Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Donations 1000. Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ. Donations - Muscular Dystrophy Assoc. 5219.

Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Dues & subscriptions 1378. Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Grills, TV, AC 2475. Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Kitty 9030.
Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Miscellaneous 1365. Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Office supplies 317. Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Part I, Line Political 0.

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 891. Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Soda 0. 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 -64160.