

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)

▶ 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.

OMB No. 1545-1150
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization
BRATTLEBORO FEDERATION OF NURSES

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
17 BELMONT AVENUE

City or town, state or province, country, and ZIP or foreign postal code
BRATTLEBORO, VT 05301

D Employer identification number
03-0271602

E Telephone number
(802) 254-9959

F Group Exemption Number ▶ 0787

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: ▶ N/A

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) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 60,043

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	1 Contributions, gifts, grants, and similar amounts received	1	59,948
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	95
	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	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	60,043	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	52,366
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	8,100
	13 Professional fees and other payments to independent contractors	13	1,414
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	208
	16 Other expenses (describe in Schedule O)	16	444
17 Total expenses. Add lines 10 through 16	17	62,532	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,489
	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	54,297
	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	51,808

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	54,297	22 51,808
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	54,297	25 51,808
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,297	27 51,808

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?
 ORGANIZED AND UNITE NURSES AND COLLECTION OF LACAL AND NATIONAL. TO COLLECT AND PAY DUES TO VARIOUS UNION ORGANIZATIONS.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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.

28
 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(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
MARK HERMAN-MAY	000.00	1,200		
LASION				
PATRICIA BOYD	10.00	1,200		
VICE PRESIDE				
STACEY A CHICKERING	10.00	1,200		
SECRETARY				
DANIEL DRISH	10.00	600		
TREASURER				
REBECCA CASTILLO	10.00	600		
PRESIDENT				
CLAYTON SABINS	10.00	600		
GRIEVANCE OF				

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, and 42a.

42a The organization's books are in care of DANIEL DRISH Telephone no. (802) 254-9959
Located at 1239 CARPENTER HILL ROAD GUILFORD, VT ZIP + 4 05301

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 42b and 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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 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	No

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

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.

***** Signature of officer	2021-03-23 Date
DANIEL DRISH TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT KIMBALL	Preparer's signature	Date 2021-03-26	Check <input type="checkbox"/> if self-employed	PTIN P01216828
	Firm's name ▶ ROBERT KIMBALL PC			Firm's EIN ▶ 02-0354759	
	Firm's address ▶ 311 MAIN STEET PO BOX 70 WALPOLE, NH 036080070			Phone no. (603) 756-3155	

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

Additional Data

Software ID:

Software Version:

EIN: 03-0271602

Name: BRATTLEBORO FEDERATION OF NURSES

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.)	
<p>28 TO ORGANIZE UNION AND PROTECT WORKERS RIGHTS & TO UNITE WORKERS FOR THE BENEFITS OF ALL EMPLOYEES.</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

TY 2020 Compensation Explanation**Name:** BRATTLEBORO FEDERATION OF NURSES**EIN:** 03-0271602

Person Name	Explanation
MARK HERMANMAY	
PATRICIA BOYD	
STACEY A CHICKERING	
DANIEL DRISH	
REBECCA CASTILLO	
CLAYTON SABINS	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury

Name of the organization

BRATTLEBORO FEDERATION OF NURSES

Employer identification number

03-0271602

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	AMERICAN FED OF TEACHERS 24,540 UNITED PROF-AFT VT 27,326 BRATTLEBORO MEMORIAL HOSPITAL 50 0 17 BELMONT AVENUE 17 BELMONT AVENUE BRATTLEBORO VT 05301

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 62 SMALL EQUIPMENT 382 TOTAL 444

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	ORGANIZED AND UNITE NURSES AND COLLECTION OF LACAL AND NATIONAL. TO COLLECT AND PAY DUES TO VARIOUS UNION ORGANIZATIONS.