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Form **990-EZ**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 black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2007**Open to Public
Inspection**

A For the 2007 calendar year, or tax year beginning July 1 , 2007, and ending June 30 , 20 08										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td>C Name of organization New England Citizen's for Right to Work, Inc.</td> <td>D Employer identification number 02 : 0334307</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address), Room/suite P.O. Box 4076</td> <td>E Telephone number ()</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 Concord, NH 03302</td> <td>F Group Exemption Number Number . . . ▶ NA</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization New England Citizen's for Right to Work, Inc.	D Employer identification number 02 : 0334307	Number and street (or P O box, if mail is not delivered to street address), Room/suite P.O. Box 4076	E Telephone number ()	City or town, state or country, and ZIP + 4 Concord, NH 03302	F Group Exemption Number Number . . . ▶ NA		
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	City or town, state or country, and ZIP + 4 Concord, NH 03302		F Group Exemption Number Number . . . ▶ NA							

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ **NA**

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)—☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **69,125****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	69,125
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	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 (attach schedule)	5c	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c		
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 ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	69,125	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	20,001
	13 Professional fees and other payments to independent contractors	13	1,705
	14 Occupancy, rent, utilities, and maintenance	14	6,955
	15 Printing, publications, postage, and shipping	15	4,047
	16 Other expenses (describe ▶ Travel, Telephone, Subscriptions)	16	36,850
17 Total expenses. Add lines 10 through 16	17	69,558	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	(433)
	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	3,355
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	2,922

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

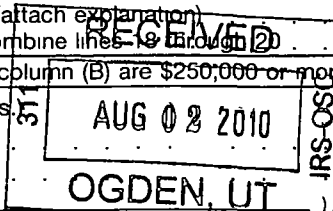
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	3,602	3,227
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	3,602	3,227
26 Total liabilities (describe ▶ Payroll Tax Liability)	247	305
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,355	2,922

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2007)

SCANNED AUG 12 2010



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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)What is the organization's primary exempt purpose? **Public policy awareness, education and lobbying**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

28 Public policy awareness, education and lobbying(Grants \$ **63,503**) If this amount includes foreign grants, check here ☐ **28a** **63,503****29**(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses.** Add lines 28a through 31a **32** **63,503****Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Frank Partin 249 Chestnut Hill Road, New Boston, NH 03070	President 3	0	0	0
John Kalb 65 Clinton Street, Concord, NH 03301	Executive Director 40	18,400	0	896
Dimitri Kesari 346 Colonial Hwy, Hamilton, VA 20158	Secretary/Treasurer 2	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<input type="checkbox"/>	<input type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input type="checkbox"/>
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 unpaid at the start of the period covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<input type="checkbox"/>	<input type="checkbox"/>
39 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ; section 4912 ; section 4955 **b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		✓
40c		
40d		
40e		✓

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **d** Enter amount of tax on line 40c reimbursed by the organization **e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? **41** List the states with which a copy of this return is filed NA**42a** The books are in care of Barry Bradshaw Telephone no. (703) 770-3315
Located at 10835 Second Street, Fairfax, VA ZIP + 4 22030**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)?

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?If "Yes," enter the name of the foreign country: **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 43Please
Sign
Here

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 John KalbDate 7/15/10Type or print name and title John Kalb, Executive DirectorPaid
Preparer's
Use OnlyPreparer's
signature Barry C BradshawDate 7/8/10Check if
self-
employed ☒Preparer's name (if not self-employed) [REDACTED]Firm's name (or yours
if self-employed),
address, and ZIP + 4 Barry Bradshaw10835 Second Street, Fairfax, VA 22030EIN
Phone no. (703) 770-3315

OMB No 1545-1165
For IRS Use Only

Received by: _____
Name _____
Telephone () _____
Function _____
Date / / _____

Taxpayer name(s) and address (type or print)

Social security number(s)

Employer identification number

02 : 0334307

Daytime telephone number
(703) 770-3315

Plan number (if applicable)

Name and address

CAF No.

Telephone No. 703-770-3315

Fax No

Check if new: Address ☐ Telephone No. ☐ Fax No ☐

(a) Type of Tax (Income, Employment, Excise, etc) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr)
Employment	940	200701 thru 201012	Past due; Penalties; Interest
Employment	941	200701 thru 201012	Past due; Penalties; Interest
Income	990	200601 thru 201012	Past due; Penalties; Interest

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

b If you do not want any copies of notices or communications sent to your appointee, check this box ► ☐

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature _____ Date 11-3-09

Signature _____ Date _____

Dimitri N. Kesari , Director

TREASURER
Title (if applicable)

Print Name _____

Title (if applicable)

PIN number for electronic signature

PIN number for electronic signature