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Short Form
Return of Organization Exempt From Income Tax

2007

Open-to-Public
Inspection

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

A For the 2007 calendar year, or tax year beginning		July 1	, 2007, and ending	June 30	, 2008
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		C Name of organization New England Citizen's for Right to Work, Inc. Number and street (or P O box, if mail is not delivered to street address) P.O. Box 4076 Room/suite _____ City or town, state or country, and ZIP + 4 Concord, NH 03302		D Employer identification number 02 : 0334307 E Telephone number () _____	
F Group Exemption Number NA		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).					
I Website: ► NA					
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> 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"/>	6		
	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		
	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	
	22	Excess or (deficit) for the year. Subtract line 17 from line 9	22		
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.)		1	AUG 08 2010	IRS-OS	OGDEN, UT
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ►) 25 Total assets 26 Total liabilities (describe ► Payroll Tax Liability) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		22	3,602	22	3,227
		23	247	26	305
		24	3,602	25	3,227
		25	3,355	27	2,922

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)			Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
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			

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.)

33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33	✓
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	34	✓
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.	35a	✓
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	✓
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	37a	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	39a	
39 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		

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 _____

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?

	Yes	No
40b	✓	
40e	✓	

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)?
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 ► 43

	Yes	No
42b	✓	
42c	✓	

Please 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	<u>7/15/10</u>	
	<u>John Kalb, Executive Director</u>	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ► <u>Barry C Bradshaw</u>	Date <u>7/8/10</u>	Check if self-employed ► <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>Barry Bradshaw</u>	EIN ► <u></u>	Phone no ► <u>(703) 770-3315</u>
	10835 Second Street, Fairfax, VA 22030		

8821

Form

(Rev. August 2008)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization

OMB No 1545-1165

For IRS Use Only

Received by

Name _____

Telephone () _____

Function _____

Date / /

- Do not sign this form unless all applicable lines have been completed.
- Do not use this form to request a copy or transcript of your tax return.
Instead, use Form 4506 or Form 4506-T.

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

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

New England Citizens for Right to Work, Inc.
249 Chest Hill Road
New Boston, NH 03070-5119

Social security number(s)

| |

Employer identification number

02 | 0334307

Daytime telephone number

(703) 770-3315

Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address

Barry Bradshaw
10835 Second Street, Fairfax, VA 22030

CAF No.

Telephone No. 703-770-3315

Fax No.

Check if new Address Telephone No. Fax No.

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(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

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6. ►

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

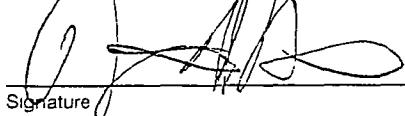
a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ► b If you do not want any copies of notices or communications sent to your appointee, check this box ► 6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ►

To revoke this tax information authorization, see the instructions on page 4.

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.



11-3-09

Signature

Date

Signature

Date

Dimitri N. Kesari, Director

TREASURER

Print Name

Title (if applicable)

Print Name

Title (if applicable)

PIN number for electronic signature

PIN number for electronic signature