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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C**  
THE WORKINGMEN'S RELIEF SOCIETY OF  
MANCHESTER, NH  
183 DOUGLAS ST  
MANCHESTER, NH 03102

**D** Employer identification number

02-0206110

**E** Telephone number**F** Group Exemption Number

• 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) ►**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) ( 7 ) (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 447,306.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	5,500.
4	Investment income	4	422.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	180,498.
6b	Less direct expenses other than fundraising expenses	6b	12,896.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	167,602.
7a	Gross sales of inventory, less returns and allowances	7a	260,710.
7b	Less cost of goods sold	7b	215,962.
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	44,748.
8	Other revenue (describe ► SEE STATEMENT 1)	8	176.
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	218,448.
10	Grants and similar amounts paid (attach schedule)	10	4,700.
11	Benefits paid to or for members	11	16,219.
12	Salaries, other compensation, and employee benefits	12	28,111.
13	Professional fees and other payments to independent contractors	13	1,395.
14	Occupancy, rent, utilities, and maintenance	14	64,722.
15	Printing, publications, postage, and shipping	15	550.
16	Other expenses (describe ► SEE STATEMENT 3)	16	47,381.
17	<b>Total expenses.</b> Add lines 10 through 16	17	163,078.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	55,370.
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	473,783.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	529,153.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	122,030.	123,531.
23 Land and buildings	494,384.	515,928.
24 Other assets (describe ► SEE STATEMENT 4)	29,583.	28,828.
25 <b>Total assets</b>	645,997.	668,287.
26 <b>Total liabilities</b> (describe ► SEE STATEMENT 5)	172,214.	139,134.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	473,783.	529,153.

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

Form 990-EZ (2009)

TEEA0803L 01/30/10

SCANNED JUL 07 2010

EXPENSES

ASSETS

P11

**Part III** Statement of Program Service Accomplishments (See the instructions.)

## Expenses

What is the organization's primary exempt purpose? SOCIAL CLUB

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

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 TO PROVIDE SOCIAL, RECREATIONAL, AND ENTERTAINMENT RELATED  
ACTIVITIES FOR THE BENEFIT OF ALL MEMBERS. THERE ARE 691 MEMBERS.

(Grants \$ ) If this amount includes foreign grants, check here

28 a

29 \_\_\_\_\_

(Grants \$ ) If this amount includes foreign grants, check here

29 a

30 \_\_\_\_\_

(Grants \$ ) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31 a

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 instrs.)

[illegible]

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?		
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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 period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> 0.		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> 0.		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b> 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b> 0.		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>NH</b>		

**42a** The organization's books are in care of **JULIE PEPIN** Telephone no **438 438-4384**  
 Located at **438 BLODGET ST MANCHESTER NH** ZIP + 4 **03104**

**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**

If 'Yes,' enter the name of the foreign country

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c**

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**

☐ N/A  
N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X



**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>46</b>		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

<b>47</b>		
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**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

<b>48</b>		
-----------	--	--

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

<b>49a</b>		
------------	--	--

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

<b>49b</b>		
------------	--	--

**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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	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		Date <b>5-12-10</b>	
<b>Paid Preparer's Use Only</b>	 Preparer's signature		Date <b>5/1/10</b>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>ROBERT L. CORALLINO, CPA, PC</b> <b>114 BAY STREET</b> <b>MANCHESTER, NH 03104</b>		Check if self-employed <input type="checkbox"/> <b>N/A</b> Preparer's Identifying Number (See instructions) <b>N/A</b> EIN <b>N/A</b> Phone no <b>(603) 623-5557</b>	
	May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>			
	<b>BAA</b>			

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

## 2009

## Open to Public Inspection

Employer identification number  
02-0206110

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Mail solicitations               | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations              | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations          |  |

☐ Yes    ☐ No

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

-----

**Part III Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		NC & JB VIDEO (event type)	(event type)	(total number)	(Add col (a) through col (c))
	1 Gross receipts	176,165.			176,165.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	176,165.			176,165.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,745.			8,745.
	10 Direct expense summary Add lines 4- through 9 in column (d)				8,745.
	11 Net income summary Combine lines 3, column (d) and line 10				167,420.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9 a		
10 a		
11		
12		

		YES	NO
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility		
<b>b</b>	An outside facility		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶ _____			
Address ▶ _____			
<b>15a</b>	Does the organization have a contact with a third party from whom the organization receives gaming revenue?		
<b>b</b>	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____		
<b>c</b>	If 'Yes,' enter name and address of the third party		
Name ▶ _____			
Address ▶ _____			
<b>16</b>	Gaming manager information		
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____		

2009

## FEDERAL STATEMENTS

PAGE 1

CLIENT WORKMENS

THE WORKINGMEN'S RELIEF SOCIETY OF  
MANCHESTER, NH

02-0206110

4/29/10

12 28PM

STATEMENT 1  
FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE

MISCELLANEOUS

	\$	176.
TOTAL	\$	<u>176.</u>

STATEMENT 2  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

CASH AMOUNT GIVEN:

\$ 4,700.

STATEMENT 3  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

BANK FEES	\$	139.
CASUAL LABOR		465.
DEPRECIATION		15,201.
DUES & SUBSCRIPTIONS		70.
INSURANCE		13,780.
INTEREST		14,969.
MISCELLANEOUS EXPENSE		197.
NHBET		894.
OFFICE EXPENSES		825.
PENALTIES		150.
SMALL EQUIPMENT EXPENSES		691.
TOTAL	\$	<u>47,381.</u>

STATEMENT 4  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
INVENTORIES	\$ 11,226.	\$ 13,394.
MACHINERY AND EQUIPMENT	18,357.	15,434.
TOTAL	\$ <u>29,583.</u>	\$ <u>28,828.</u>

STATEMENT 5  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 2,941.	\$ 3,729.
SECURED MORTGAGES AND NOTES PAYABLE	169,273.	135,405.
TOTAL	\$ <u>172,214.</u>	\$ <u>139,134.</u>

2009

FEDERAL STATEMENTS

PAGE 2

CLIENT WORKMENS

THE WORKINGMEN'S RELIEF SOCIETY OF  
MANCHESTER, NH

02-0206110

4/29/10

12 28PM

STATEMENT 6

FORM 990-EZ, PART VI

REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO