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# Short Form Return of Organization Exempt From Income Tax

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public  
Inspection

## A For the 2011 calendar year, or tax year beginning

April 1

, 2011, and ending

March 31

, 20 12

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

## C Name of organization

New England Social Security Management Association (NESSMA)

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

c/o SSA, 70 Commercial Street

100

City or town, state or country, and ZIP + 4

Concord, NH 03301-5094

## D Employer identification number

21-7161663

## E Telephone number

888-450-4894

F Group Exemption  
Number ►G Accounting Method.  Cash  Accrual Other (specify) ►

## I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 06 ) (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

## 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	RECEIVED	1 0
	2 Program service revenue including government fees and contracts	2 1752	
	3 Membership dues and assessments	3 26520	
	4 Investment income	4 0	
	5a Gross amount from sale of assets other than inventory	5a 0	
	b Less: cost or other basis and sales expenses	5b 0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0	
	c Less: direct expenses from gaming and fundraising events	6c 0	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0	
	7a Gross sales of inventory, less returns and allowances	7a 0	
	b Less: cost of goods sold	7b 0	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0	
	8 Other revenue (describe in Schedule O)	8 0	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 28272	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 8541	
	11 Benefits paid to or for members	11 0	
	12 Salaries, other compensation, and employee benefits	12 0	
	13 Professional fees and other payments to independent contractors	13 0	
	14 Occupancy, rent, utilities, and maintenance	14 0	
	15 Printing, publications, postage, and shipping	15 0	
	16 Other expenses (describe in Schedule O)	16 18913	
	17 Total expenses. Add lines 10 through 16	17 27454	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 818	
	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 35467	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 36285	

**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 . . . . .	35467	22	36285
23 Land and buildings . . . . .	0	23	0
24 Other assets (describe in Schedule O) . . . . .	0	24	0
<b>25 Total assets . . . . .</b>	<b>35467</b>	<b>25</b>	<b>36285</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>26</b>	<b>0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b> . . . . .	<b>35467</b>	<b>27</b>	<b>36285</b>

**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? **Further best interest and general welfare of our staff.**

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 and section  
5047(a)(1) trusts, optional  
for others.)

28 This is an organization of management of the Social Security Administration of New England who work with other Regions on a National Level to support our purpose. To encourage the establishment of policies that best serve the public interest in accomplishing the SSA mission.			
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a	0
29 To cooperate constructively with all responsible officials of the SSA in furtherance of the Social Security programs. We wholeheartedly endorse the "Social Security Administration Statement of Objectives." To give real meaning and effectiveness the provision of the Executive Order 11491 providing for consulting with the			
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		29a	0
30 Association of Supervisors. To foster the highest standards of professionalism.			
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		30a	0
31 Other program services (describe in Schedule O) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		31a	0
32 Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>		32	0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

**List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. Check if the organization used Schedule Q to respond to any question in this Part IV.

**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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
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	✓
b 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	✓
c 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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
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 outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	n/a
39 Section 501(c)(7) organizations. Enter:	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► n/a , section 4912 ► n/a ; section 4955 ► n/a	40b	✓
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 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		
c 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	0	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0	
e 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		
41 List the states with which a copy of this return is filed. ► None		
42a The organization's books are in care of ► Holly B. Howe, Treasurer	Telephone no. ► 888-450-4894	
Located at ► c/o SSA, 70 Commercial St Ste 100, Concord, NH	ZIP + 4 ► 03301-5094	
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: ► n/a		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ► n/a		
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	► □	
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d 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	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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	✓

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 . . . . . Yes  No  46 ✓

**Part VI** **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 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."		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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.

Sign Here  Signature of officer Date   
Holly B. Howe, Treasurer  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions.

## **Supplemental Information to Form 990 or 990-EZ**

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.

Name of the organization

**New England Social Security Management Association (NESSMA)**

Employer identification number

**21-7161663**

**Part I Expenses Grants and similar amounts paid: We are a Regional Association which is part of a National Council of Social Security**

**Management Association (NESSMA). There are ten regional associations that make up the National Council and the amount listed are our  
dues paid to be a part of the Council.**

**Part I Other Expenses Line 16: The amount listed reflects money spent on a Regional Meeting for all of our members, travel reimbursement  
for the Executive Council including the Officers to attend quarterly meetings and a National Conference.**

**Part V Line 44d: This professional association does not have any nor offer any indoor tanning services.**

Name of the organization

**New England Social Security Management Association (NESSMA)**

Employer identification number

**21-7161663**