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Return of Organization Exempt From Income Tax

2005

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)

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 **and ending** JUN 30, 2006

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN RIGHTS AT WORK		D Employer identification number 45-0518844
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1100 17TH STREET N.W. 950		E Telephone number (202) 822-2127
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036-4646		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

G Website: ▶ **WWW.AMERICANRIGHTSATWORK.ORG**

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

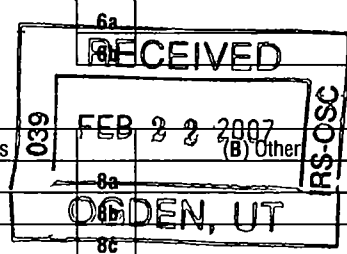
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,464,026.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,428,455.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		35,571.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
8 a Gross amount from sales of assets other than inventory	8a			
b Less: cost or other basis and sales expenses	8b			
c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 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 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,464,026.	
Expenses	13 Program services (from line 44, column (B))	13		1,882,343.
	14 Management and general (from line 44, column (C))	14		720,271.
	15 Fundraising (from line 44, column (D))	15		146,452.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		2,749,066.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<285,040.>
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,388,922.
	20 Other changes in net assets or fund balances (attach explanation)	20		0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,103,882.



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	60,000.	0.	48,000.	12,000.
26 Other salaries and wages	26	881,436.	617,005.	220,359.	44,072.
27 Pension plan contributions	27	46,095.	32,266.	11,524.	2,305.
28 Other employee benefits	28	196,319.	137,423.	49,080.	9,816.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	8,742.	6,119.	2,186.	437.
34 Telephone	34	21,836.	15,285.	5,459.	1,092.
35 Postage and shipping	35	13,403.	9,382.	3,351.	670.
36 Occupancy	36	146,559.	102,591.	36,640.	7,328.
37 Equipment rental and maintenance	37	16,623.	11,636.	4,156.	831.
38 Printing and publications	38	80,632.	56,442.	20,158.	4,032.
39 Travel	39	103,481.	72,437.	25,870.	5,174.
40 Conferences, conventions, and meetings	40	174,116.	121,881.	43,529.	8,706.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	45,070.	31,549.	11,268.	2,253.
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g SEE STATEMENT 1	43g	954,754.	668,327.	238,691.	47,736.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,749,066.	1,882,343.	720,271.	146,452.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE BELOW	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a THE PURPOSE OF THE ORGANIZATION IS TO PROTECT THE RIGHTS OF AMERICANS IN THE WORKPLACE BY CONDUCTING RESEARCH ON THE STATE OF WORKERS RIGHTS IN THE UNITED STATES, EDUCATING THE PUBLIC	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,882,343.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,882,343.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	1,211,584.	45	1,002,288.
	46	Savings and temporary cash investments	50,986.	46	51,242.
	47 a	Accounts receivable			
		b Less: allowance for doubtful accounts	5,000.	47c	
	48 a	Pledges receivable			
		b Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		b Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	10,727.	53	11,475.
	54	Investments - securities		54	
	55 a	Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c		
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis	217,662.			
	b Less: accumulated depreciation STMT 2.	98,363.	57c	119,299.	
58	Other assets (describe ► DEPOSITS)	34,353.	58	34,353.	
59 Total assets (must equal line 74). Add lines 45 through 58		1,477,013.	59	1,218,657.	
Liabilities	60	Accounts payable and accrued expenses	88,091.	60	114,775.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable		64b	
	65	Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65)		88,091.	66	114,775.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	1,388,922.	67	1,103,882.
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,388,922.	73	1,103,882.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,477,013.	74	1,218,657.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a Total revenue, gains, and other support per audited financial statements		a	2,464,026.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify): _____	b4		
Add lines b1 through b4		b	0.
c Subtract line b from line a		c	2,464,026.
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): _____	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12). Add lines c and d		e	2,464,026.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	2,749,066.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): _____	b4		
Add lines b1 through b4		b	0.
c Subtract line b from line a		c	2,749,066.
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): _____	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17). Add lines c and d		e	2,749,066.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
SEE STATEMENT 3		60,000.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings .	▶ <u>6</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		75c	X
d Does the organization have a written conflict of interest policy?		75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions)</i>		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a	X
b If "Yes," enter the name of the organization ▶ AMERICAN RIGHTS AT WORK _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct or indirect political expenditures. (See line 81 instructions.)	81a <u>0</u> .		
b Did the organization file Form 1120-POL for this year?		81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b	N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	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		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	18
91 a	The books are in care of ▶ AMERICAN RIGHTS AT WORK Telephone no. ▶ (202) 822-2127 Located at ▶ 1100 17TH STREET, NW, SUITE #950 WASHINGTON DC, ZIP + 4 ▶ 20036-4646		
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.	Yes	No
91b			X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A		X
91c			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 93: CONDUCTING RESEARCH ON STATE OF WORKERS RIGHTS IN THE UNITED STATES, EDUCATING THE PUBLIC AND THE PRESS ABOUT THESE ISSUES, EXPOSING EMPLOYER ABUSES, AND LOBBYING TO DEFEND AND EXPAND WORKER RIGHTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Row 1: N/A

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? [] Yes [X] No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Signature and information section including: Please Sign Here (Signature of officer: Mary Beth Marshall, Date: 2/15/07, Type or print name and title: Executive Director), Paid Preparer's Use Only (Preparer's signature: Phillip K. Allen, Date: 2/1/07, Check if self-employed: [], Preparer's SSN or PTIN: 55-0810153, Firm's name: HALEY & ASSOCIATES, LLC, address: 5000 SUNNYSIDE AVENUE #304, BELTSVILLE, MD 20705, Phone no.: (301) 595-5600)

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LEASEHOLD IMPROVEMENTS	011304SL		5.00	16	4,540.			4,540.	1,302.		908.
2	LEASEHOLD IMPROVEMENTS	012304SL		5.00	16	17,810.			17,810.	4,964.		3,562.
3	LEASEHOLD IMPROVEMENTS	013004SL		5.00	16	1,438.			1,438.	401.		288.
4	LEASEHOLD IMPROVEMENTS	021304SL		5.00	16	2,860.			2,860.	727.		572.
5	LEASEHOLD IMPROVEMENTS	031104SL		5.00	16	23,833.			23,833.	5,665.		4,767.
6	LEASEHOLD IMPROVEMENTS	040804SL		5.00	16	19,152.			19,152.	4,396.		3,830.
7	LEASEHOLD IMPROVEMENTS	051004SL		5.00	16	3,279.			3,279.	726.		656.
8	LEASEHOLD IMPROVEMENTS	063004SL		5.00	16	3,603.			3,603.	709.		721.
9	AERON CHAIR	082503SL		5.00	16	377.			377.	138.		75.
10	VIDEO CAMERA AND ACCESSORIES	111303SL		5.00	16	5,298.			5,298.	1,722.		1,060.
11	OFFICE FURNITURE	121803SL		5.00	16	10,224.			10,224.	3,153.		2,045.
12	WIRELESS SERVER	123103SL		5.00	16	1,059.			1,059.	318.		212.
13	LAPTOP COMPUTERS	041404SL		5.00	16	9,027.			9,027.	2,708.		1,805.
14	DRAWER LATERAL FILES	012904SL		5.00	16	1,871.			1,871.	530.		374.
15	PEDESTAL DESK	021104SL		5.00	16	10,224.			10,224.	2,812.		2,045.
16	WORKSTATION DESK	022404SL		5.00	16	1,576.			1,576.	420.		315.
17	PEDESTAL DESK	031504SL		5.00	16	5,205.			5,205.	1,345.		1,041.
18	PRESENTATION DESK	031504SL		5.00	16	633.			633.	164.		127.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	RECEPTION AREA SOFA	031504SL		5.00	16	788.			788.	203.		158.
20	CONFERENCE ROOM TABLE	031504SL		5.00	16	1,798.			1,798.	464.		360.
21	CREDENZA	032504SL		5.00	16	1,810.			1,810.	452.		362.
22	ARMCHAIRS	033104SL		5.00	16	1,354.			1,354.	339.		271.
23	10 CONFERENCE ROOM CHAIRS	041904SL		5.00	16	3,287.			3,287.	794.		657.
24	AERON CHAIR	042104SL		5.00	16	778.			778.	182.		156.
25	LAPTOPS	042304SL		5.00	16	6,786.			6,786.	1,583.		1,357.
26	BOOKCASES	051104SL		5.00	16	788.			788.	177.		158.
27	CHAIRS	052004SL		5.00	16	601.			601.	130.		120.
28	EQUIPMENT	062804SL		5.00	16	528.			528.	105.		106.
29	SOFTWARE	081303SL		3.00	16	529.			529.	330.		176.
30	SOFTWARE	102003SL		3.00	16	1,381.			1,381.	767.		460.
31	SOFTWARE	010604SL		3.00	16	610.			610.	305.		203.
32	SOFTWARE	012104SL		3.00	16	520.			520.	245.		173.
33	SOFTWARE	012804SL		3.00	16	1,752.			1,752.	827.		584.
34	SOFTWARE	021904SL		3.00	16	1,344.			1,344.	616.		448.
35	SOFTWARE	052704SL		3.00	16	2,215.			2,215.	800.		738.
36	SOFTWARE	060104SL		3.00	16	1,107.			1,107.	400.		369.

2005 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
37	SOFTWARE	061604SL		5.00	16	1,221.			1,221.	424.		244.
38	DIRECTOR LAPTOP	102003SL		5.00	16	2,310.			2,310.	770.		462.
	NATIONAL DIRECTOR											
39	LAPTOP	102003SL		5.00	16	2,816.			2,816.	938.		563.
40	BROADBAND ROUTER	123103SL		5.00	16	3,979.			3,979.	1,194.		796.
41	CHAIRMAN LAPTOP	011404SL		5.00	16	2,838.			2,838.	852.		568.
42	NETWORK SERVER	011404SL		5.00	16	5,337.			5,337.	1,556.		1,067.
43	LASER PRINTER	012204SL		5.00	16	611.			611.	173.		122.
44	WIRELESS SERVER	021204SL		5.00	16	784.			784.	216.		157.
45	WIRELESS SERVER	022304SL		5.00	16	1,487.			1,487.	396.		297.
46	A/V EQUIPMENT	040104SL		5.00	16	1,890.			1,890.	472.		378.
47	3 DESKTOP PC'S	042504SL		5.00	16	3,423.			3,423.	799.		685.
48	LAPTOP	052704SL		5.00	16	2,262.			2,262.	488.		452.
49		091304SL		5.00	16	2,987.			2,987.	465.		597.
50	PARTITION WALLS	111104SL		5.00	16	1,090.			1,090.	143.		218.
51	OFFICE BUILDOUT	111204SL		5.00	16	2,867.			2,867.	376.		573.
52	OFFICE BUILDOUT	120604SL		5.00	16	1,035.			1,035.	119.		207.
53	WORKSTATION DESK	010705SL		5.00	16	12,490.			12,490.	1,228.		2,498.
54	WORKSTATION DESK	021405SL		5.00	16	2,621.			2,621.	215.		524.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2005 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
55	SOFTCHOICE	021605SL		5.00	16	706.			706.	58.		141.
56	TEMPERED GLASS	052005SL		5.00	16	1,429.			1,429.	23.		286.
57	SOFTWARE	071204SL		3.00	16	675.			675.	225.		225.
58	SOFTWARE	021605SL		3.00	16	1,407.			1,407.	156.		469.
59	COMPUTER EQUIPMENT	070404SL		5.00	16	2,516.			2,516.	503.		503.
60	COMPUTER EQUIPMENT	091904SL		5.00	16	1,141.			1,141.	171.		228.
61	COMPUTER EQUIPMENT	112804SL		5.00	16	2,317.			2,317.	270.		463.
62	COMPUTER EQUIPMENT	031805SL		5.00	16	1,630.			1,630.	81.		326.
63	COMPUTER EQUIPMENT	060305SL		5.00	16	1,630.			1,630.	27.		326.
64	COMPUTER EQUIPMENT	060905SL		5.00	16	2,181.			2,181.	36.		436.
	* TOTAL 990 PAGE 2 DEPR					217,665.		0.	217,665.	53,293.	0.	45,070.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TEMPORARY HELP	1,259.	881.	315.	63.
ONLINE DATABASES	17,646.	12,352.	4,412.	882.
MESSAGE RESEARCH	35,984.	25,189.	8,996.	1,799.
AWARDS DINNER AND PROGRAM	47,317.	33,122.	11,829.	2,366.
INSURANCE	31,208.	21,846.	7,802.	1,560.
ADVERTISING EXPENSES	341,139.	238,797.	85,285.	17,057.
COMPUTER CONSULTANTS	9,848.	6,894.	2,462.	492.
CONSULTANTS	84,345.	59,042.	21,086.	4,217.
MISC. EXPENSES	5,756.	4,029.	1,439.	288.
OFFICE EXPENSES	17,299.	12,109.	4,325.	865.
PARKING	3,511.	2,457.	878.	176.
STRATEGIC PLANNING SUBSCRIPTION	9,867.	6,907.	2,467.	493.
FUNDRAISING EXPENSES	0.			
PROFESSIONAL FEES	57,759.	40,431.	14,440.	2,888.
DESIGN/PHASE 1-WEB SITE	17,595.	12,316.	4,399.	880.
WEB SITE MAINTENANCE DOCUMENTATION VIDEO PRODUCTION	6,859.	4,801.	1,715.	343.
MEDIA RESERVE FUND	0.			
NORMA RAE PROJECT	31,725.	22,208.	7,931.	1,586.
MEDIA CONSULTANT	41,879.	29,315.	10,470.	2,094.
INTERN FEES	22,035.	15,424.	5,509.	1,102.
RESEARCH GRANTS	85,600.	59,920.	21,400.	4,280.
DIRECT MAIL	49,968.	34,978.	12,492.	2,498.
SPECIAL EVENTS	33,767.	23,637.	8,442.	1,688.
CABLE/SATELITE	2,388.	1,672.	597.	119.
TOTAL TO FM 990, LN 43	954,754.	668,327.	238,691.	47,736.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT 2
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	4,540.	2,210.	2,330.
LEASEHOLD IMPROVEMENTS	17,810.	8,526.	9,284.
LEASEHOLD IMPROVEMENTS	1,438.	689.	749.
LEASEHOLD IMPROVEMENTS	2,860.	1,299.	1,561.
LEASEHOLD IMPROVEMENTS	23,833.	10,432.	13,401.

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LEASEHOLD IMPROVEMENTS	19,152.	8,226.	10,926.
LEASEHOLD IMPROVEMENTS	3,279.	1,382.	1,897.
LEASEHOLD IMPROVEMENTS	3,603.	1,430.	2,173.
AERON CHAIR	377.	213.	164.
VIDEO CAMERA AND ACCESSORIES	5,298.	2,782.	2,516.
OFFICE FURNITURE	10,224.	5,198.	5,026.
WIRELESS SERVER	1,059.	530.	529.
6 LAPTOP COMPUTERS	9,027.	4,513.	4,514.
2 DRAWER LATERAL FILES	1,871.	904.	967.
6 PEDESTAL DESK	10,224.	4,857.	5,367.
WORKSTATION DESK	1,576.	735.	841.
3 PEDESTAL DESK	5,205.	2,386.	2,819.
PRESENTATION DESK	633.	291.	342.
RECEPTION AREA SOFA	788.	361.	427.
CONFERENCE ROOM TABLE	1,798.	824.	974.
CREDENZA	1,810.	814.	996.
6 ARMCHAIRS	1,354.	610.	744.
10 CONFERENCE ROOM CHAIRS	3,287.	1,451.	1,836.
AERON CHAIR	778.	338.	440.
3 LAPTOPS	6,786.	2,940.	3,846.
3 BOOKCASES	788.	335.	453.
3 CHAIRS	601.	250.	351.
EQUIPMENT	528.	211.	317.
SOFTWARE	529.	506.	23.
SOFTWARE	1,381.	1,227.	154.
SOFTWARE	610.	508.	102.
SOFTWARE	520.	418.	102.
SOFTWARE	1,752.	1,411.	341.
SOFTWARE	1,344.	1,064.	280.
SOFTWARE	2,215.	1,538.	677.
SOFTWARE	1,107.	769.	338.
SOFTWARE	1,221.	668.	553.
DIRECTOR LAPTOP	2,310.	1,232.	1,078.
NATIONAL DIRECTOR LAPTOP	2,816.	1,501.	1,315.
BROADBAND ROUTER	3,979.	1,990.	1,989.
CHAIRMAN LAPTOP	2,838.	1,420.	1,418.
NETWORK SERVER	5,337.	2,623.	2,714.
LASER PRINTER	611.	295.	316.
WIRELESS SERVER	784.	373.	411.
WIRELESS SERVER	1,487.	693.	794.
A/V EQUIPMENT	1,890.	850.	1,040.
3 DESKTOP PC'S	3,423.	1,484.	1,939.
LAPTOP	2,262.	940.	1,322.
	2,987.	1,062.	1,925.
PARTITION WALLS	1,090.	361.	729.
OFFICE BUILDOUT	2,867.	949.	1,918.
OFFICE BUILDOUT	1,035.	326.	709.
WORKSTATION DESK	12,490.	3,726.	8,764.
WORKSTATION DESK	2,621.	739.	1,882.
SOFTCHOICE	706.	199.	507.
TEMPERED GLASS	1,429.	309.	1,120.
SOFTWARE	675.	450.	225.
SOFTWARE	1,407.	625.	782.

COMPUTER EQUIPMENT	2,516.	1,006.	1,510.
COMPUTER EQUIPMENT	1,141.	399.	742.
COMPUTER EQUIPMENT	2,317.	733.	1,584.
COMPUTER EQUIPMENT	1,630.	407.	1,223.
COMPUTER EQUIPMENT	1,630.	353.	1,277.
COMPUTER EQUIPMENT	2,181.	472.	1,709.
TOTAL TO FORM 990, PART IV, LN 57	217,665.	98,363.	119,302.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID BONIOR 52 BELLEVIEW MT CLEMENS, MI 48043	CHAIRMAN 0.00	60,000.	0.	0.
KWEISI MFUME 4805 HOPE DRIVE BALTIMORE, MD 21215	BOARD MEMBER 0.00	0.	0.	0.
CARL POPE 85 SECOND STREET, 2ND FLOOR SAN FRANCISCO, 94105	BOARD MEMBER 0.00	0.	0.	0.
WADE HENDERSON 1629 K STREET, NW, 10TH FLOOR WASHINGTON, DC 20006	BOARD MEMBER 0.00	0.	0.	0.
SHIRLEY FRANKLIN 55 TRINITY AVENUE, SW, SUITE 2400 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
HILDA L. SOLIS 1725 LONGWORTH H.O.B. WASHINGTON, DC 20515	BOARD MEMBER 0.00	0.	0.	0.
JACK M. MARCO 550 WEST WASHINGTON BLVD. CHICAGO, IL 60661	BOARD MEMBER 0.00	0.	0.	0.
HARLEY SHAIKEN 4417 TOLMAN HALL BERKLEY, CA 94720	BOARD MEMBER 0.00	0.	0.	0.

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JOHN SWEENEY 815 16TH STREET, NW WASHINGTON, DC 20006	BOARD MEMBER 0.00	0.	0.	0.
JAMES HOLMES DIXON 3708 FULTON STREET, NW WASHINGTON, DC 20007	BOARD MEMBER 0.00	0.	0.	0.
BRADLEY WHITFORD 5149 HOLLYWOOD BLVD., SUITE C801 LOS ANGELES, CA 90027	BOARD MEMBER 0.00	0.	0.	0.
SAYED HASSAN AL-QAZWINI 15571 JOY ROAD DETROIT, MI 48228	BOARD MEMBER 0.00	0.	0.	0.
ALANE SUSKIN 2950 VAN NESS STREET, NW #404 WASHINGTON, DC 20008	BOARD MEMBER 0.00	0.	0.	0.
BETH SHULMAN 5721 CHEVY CHASE PARKWAY, NW WASHINGTON, DC 20015	BOARD MEMBER 0.00	0.	0.	0.
JOSEPH SULLIVAN 191 JORALEMON STREET BROOKLYN, NY 11201	BOARD MEMBER 0.00	0.	0.	0.
JANET MURGUIA 1111 19TH STREET NW, SUITE 100 WASHINGTON, DC	BOARD MEMBER 0.00	0.	0.	0.
JOHN EDWARDS 1440 CHURCH STREET NW, #104 WASHINGTON, DC	BOARD MEMBER 0.00	0.	0.	0.
JULIAN BOND 4805 HOPE DRIVE BALTIMORE, MD 21215	BOARD MEMBER 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

60,000.	0.	0.
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Form (Rev. January 2006) Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization 990 (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No 1545-0172

2005

Attachment Sequence No 67

AMERICAN RIGHTS AT WORK

FORM 990 PAGE 2

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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election. Line 1: 105,000. Line 3: 420,000. Line 13: 13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for Special Depreciation Allowance. Line 16: 45,070.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

Table with 2 rows for Section A. Line 17: 17.

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 3 rows for Summary. Line 22: 45,070. Line 23: 23.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes		No		Yes		No		Yes		No	
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year:					
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization AMERICAN RIGHTS AT WORK	Employer identification number 45-0518844
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1100 17TH STREET N.W., NO. 950	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. WASHINGTON, DC 20036-4646	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **AMERICAN RIGHTS AT WORK**
 Telephone No. ▶ **(202)822-2127** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**
- 2** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.