



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

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)

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 **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **AMERICAN RIGHTS AT WORK**
 Number and street (or P.O. box if mail is not delivered to street address): **1100 17TH STREET, NW**
 Room/suite: **950**
 City or town, state or country, and ZIP + 4: **WASHINGTON, DC 20036-4646**

D Employer identification number: **45-0518844**

E Telephone number: **(202) 822-2127**

F Accounting method: Cash Accrual
 Other (specify):

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

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

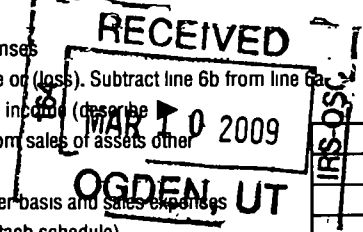
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **2,537,685.**

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	2,517,959.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 2,517,959. noncash \$)	1e	2,517,959.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	19,726.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe in Part VII, line 93)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
		(B) Other	8b		
			8c		
8d	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 1b)	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		
10a	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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	2,537,685.		
Expenses	13	Program services (from line 44, column (B))	13	1,283,154.	
	14	Management and general (from line 44, column (C))	14	366,567.	
	15	Fundraising (from line 44, column (D))	15	205,295.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 13 and 14, column (A)	17	1,855,016.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	682,669.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,061,282.	
	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	1,743,951.	



SCANNED MAR 26 2009

9-10 14

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>4,000</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	4,000.	4,000.	STATEMENT 2	STATEMENT 3
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	133,021.	107,314.	23,914.	1,793.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	764,472.	559,833.	117,245.	87,394.
27 Pension plan contributions not included on lines 25a, b, and c	33,848.	24,781.	5,199.	3,868.
28 Employee benefits not included on lines 25a - 27	117,233.	82,947.	19,356.	14,930.
29 Payroll taxes	73,428.	52,302.	14,280.	6,846.
30 Professional fundraising fees	46,066.			46,066.
31 Accounting fees	49,723.		49,723.	
32 Legal fees	25,869.	24,527.	1,342.	
33 Supplies	9,956.	1,066.	8,530.	360.
34 Telephone	24,602.	18,303.	3,632.	2,667.
35 Postage and shipping	9,548.	4,359.	2,991.	2,198.
36 Occupancy	125,294.	92,418.	19,439.	13,437.
37 Equipment rental and maintenance	18,557.	8,391.	6,550.	3,616.
38 Printing and publications	10,581.	9,596.	568.	417.
39 Travel	65,622.	51,263.	4,902.	9,457.
40 Conferences, conventions, and meetings	8,469.	7,330.	400.	739.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	53,455.		53,455.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 1	281,272.	234,724.	35,041.	11,507.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,855,016.	1,283,154.	366,567.	205,295.

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 STATEMENT 5	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 SEE STATEMENT 4 	
(Grants and allocations \$ 4,000.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	1,283,154.
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) ►	1,283,154.

Form 990 (2007)

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	150.	45
	46 Savings and temporary cash investments	1,040,934.	46 786,264.
	47 a Accounts receivable	47a 10,680.	
	b Less: allowance for doubtful accounts	47b	47c 10,680.
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	43,759.	53 30,447.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis	55a	55c	
b Less: accumulated depreciation	55b		
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 290,399.		
b Less: accumulated depreciation STMT 6	57b 198,733.	57c 121,011.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 7)		58 719,884.	
59 Total assets (must equal line 74). Add lines 45 through 58		59 1,927,555.	
60 Accounts payable and accrued expenses		60 866,273.	
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 <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65		66 866,273.	
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	1,061,282.	67 1,743,951.
	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 and column (B) must equal line 21)		73 1,061,282.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74 1,927,555.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total revenue is 2,537,685.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total expenses are 1,855,016.

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.)

Table with 5 columns: (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. Row 1: SEE STATEMENT 8, 110,137, 22,884, 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>19</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 the organization? See the instructions for the definition of "related organization." SEE STATEMENT 9	75c	X
If "Yes," attach a statement that includes the information described in the instructions.			
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 (if not paid, enter -0-)	(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 make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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 ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a <u>0</u>	81a	0
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 <i>quid pro quo</i> 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?	X	
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		X
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85c	N/A		
85d	N/A		
85e	N/A		
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		
b	Gross receipts, included on line 12, for public use of club facilities		
86a	N/A		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87a	N/A		
87b	N/A		
88 a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		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
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, 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?		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
89e			
89f			
89g			
90 a	List the states with which a copy of this return is filed SEE STATEMENT 10		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	16
91 a	The books are in care of THE ORGANIZATION Telephone no. (202) 822-2127		
	Located at 1100 17TH STREET, NW, 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	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

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
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 N/A

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 1e, 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).

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.

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?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *Kimberly A. Freeman* | Date: 03-05-09
 Signature of officer: *Kimberly A. Freeman*
 Type or print name and title: Kimberly A. Freeman, Deputy Director

Paid Preparer's Use Only: Preparer's signature: *[Signature]* | Date: 3/4/09 | Check if self-employed: | Preparer's SSN or PTIN (See Gen. Inst. X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: GELMAN, ROSENBERG & FREEDMAN
 4550 MONTGOMERY AVE., SUITE 650 NORTH
 BETHESDA, MARYLAND 20814-2930 | EIN: | Phone no.: (301) 951-9090

**2007 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2**

990

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	Current Year Deduction
1	COMPUTER EQUIPMENT	VARIESSL		.000	16	174,193.			174,193.	83,635.		53,455.
2	SOFTWARE	VARIESSL		.000	16	12,761.			12,761.	12,408.		0.
3	LEASEHOLD IMPROVEMENT	VARIESSL		.000	16	103,445.			103,445.	49,235.		0.
4	* TOTAL 990 PAGE 2 DEPR			.000	16	290,399.		0.	290,399.	145,278.	0.	53,455.

728102 04-27-07 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone 14

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTING FEES	183,593.	179,573.	4,020.	
ADVERTISING	2,144.	14.	2,023.	107.
ONLINE EXPENSES	45,286.	45,286.		
INTERNS	6,142.	6,142.		
WEBSITE MAINTENANCE	590.	590.		
EVENT EXPENSES	136.			136.
DUES, REGISTRATION AND FEES	21,007.	1,522.	8,401.	11,084.
INSURANCE	22,324.	1,569.	20,589.	166.
OTHER GRANT EXPENSES	50.	28.	8.	14.
TOTAL TO FM 990, LN 43	281,272.	234,724.	35,041.	11,507.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 2

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

GRANTS
CORNELL UNIVERSITY
DAY LOBBY HALL
ITHACA, NY 14853

1,592.

GRANTS
UNIVERSITY OF MARYLAND
1132 MAIN ADMINSTRATIVE BUILDING, UNIVERSITY OF MARYLAND
COLLEGE PARK, MD 20742

1,592.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

3,184.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO INDIVIDUALS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS EVAN HUTCHISON 18 HARRISON PLACE, #2 BROOKLYN, NY 11206	NONE	318.
GRANTS JOHN LOGAN BEAL BORU, CULLENAGH, BALLINA/KILLALOE COUNTY CLARE, REPUBLIC OF IRELAND	NONE	398.
GRANTS PAUL DURRENBERGER 1114 OUTER DRIVE STATE COLLEGE, PA 16801	NONE	100.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		816.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

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 AND THE PRESS ABOUT THESE ISSUES, SERVING AS A CLEARINGHOUSE AND SERVICE CENTER FOR INSTITUTIONS AND INDIVIDUALS WORKING FOR AND SUPPORTING STRONGER WORKER RIGHTS, EXPOSING EMPLOYER ABUSES, AND LOBBYING TO DEFEND AND EXPAND WORKER RIGHTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	4,000.	1,283,154.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 5

EXPLANATION

TO EDUCATE THE AMERICAN PUBLIC ABOUT THE BARRIERS WORKERS FACE WHEN THEY ATTEMPT TO EXERCISE THEIR RIGHTS TO ORGANIZE AND ENGAGE IN COLLECTIVE BARGAINING. OUR MISSION IS TO FIGHT FOR A NATION WHERE THE FREEDOM OF WORKERS TO ORGANIZE UNIONS AND BARGAIN COLLECTIVELY WITH EMPLOYERS IS RESTORED, GUARANTEED AND PROMOTED.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT	174,193.	137,090.	37,103.
SOFTWARE	12,761.	12,408.	353.
LEASEHOLD IMPROVEMENT	103,445.	49,235.	54,210.
TOTAL TO FORM 990, PART IV, LN 57	290,399.	198,733.	91,666.

FORM 990	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
DEPOSITS	34,353.	34,353.	
DUE FROM RELATED ORGANIZATION	685,531.	994,465.	
TOTAL TO FORM 990, PART IV, LINE 58	719,884.	1,028,818.	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID BONIOR ALL C/O THE ORGANIZATION'S ADDRESS	CHAIRMAN 26.25	16,962.	969.	0.
MARY BETH MAXWELL	EXECUTIVE DIRECT 26.25	93,175.	21,915.	0.
HILDA SOLIS	TREASURER 0.31	0.	0.	0.
SHIRLEY FRANKLIN	SECRETARY 0.31	0.	0.	0.
SAYED AL-QAZWINI	MEMBER 0.31	0.	0.	0.
JULIAN BOND	MEMBER 0.31	0.	0.	0.
JOHN EDWARDS	MEMBER 0.31	0.	0.	0.

AMERICAN RIGHTS AT WORK

45-0518844

WADE HENDERSON	MEMBER 0.31	0.	0.	0.
JANE HOLMES DIXON	MEMBER 0.31	0.	0.	0.
PHILLIP LEVINE	MEMBER 0.31	0.	0.	0.
JACK MARCO	MEMBER 0.31	0.	0.	0.
KWEISI MFUME	MEMBER 0.31	0.	0.	0.
JANET MURGUIA	MEMBER 0.31	0.	0.	0.
CARL POPE	MEMBER 0.31	0.	0.	0.
HARLEY SHAIKEN	MEMBER 0.31	0.	0.	0.
BETH SHULMAN	MEMBER 0.31	0.	0.	0.
ALANA SUSKIN	MEMBER 0.31	0.	0.	0.
JOHN SWEENEY	MEMBER 0.31	0.	0.	0.
BRADLEY WHITFORD	MEMBER 0.31	0.	0.	0.
MARY ROBINSON	INTERNAL ADVISOR 0.31	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>110,137.</u>	<u>22,884.</u>	<u>0.</u>

FORM 990

PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS

STATEMENT 9

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DAVID BONIOR	7,269.	242.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
AMERICAN RIGHTS AT WORK EDUCATION FUND	86-1082272

RELATIONSHIP BETWEEN ORGANIZATIONS

THE ORGANIZATIONS SHARE EMPLOYEES AND FACILITIES.

COMPENSATION DESCRIPTION

DAVID BONIOR IS THE CHAIRMAN OF THIS ORGANIZATION AND OF THE AMERICAN RIGHTS AT WORK EDUCATION FUND.

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MARY BETH MAXWELL	39,932.	1,997.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
AMERICAN RIGHTS AT WORK EDUCATION FUND	86-1082272

RELATIONSHIP BETWEEN ORGANIZATIONS

THE ORGANIZATIONS SHARE EMPLOYEES AND FACILITIES.

COMPENSATION DESCRIPTION

MARY BETH MAXWELL IS THE EXECUTIVE DIRECTOR OF THIS ORGANIZATION AND OF THE AMERICAN RIGHTS AT WORK EDUCATION FUND.

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN
PART VI, LINE 90

STATEMENT 10

STATES

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI