_	Ģ	90-EZ			ort For			_	OMB No 1545-1150
For	m		Return of Or Under section 501(c), 527, o	-		•			2013
		•							
		of the Treasury enue Service	 Do not enter So Information about 	-					Open to Public Inspection
Ā	For th	e 2013 calendar y	year, or tax year beginning	JUL 1,	, 2013	and e	nding JU	N 30, 20	14
B	Nam	ress change e change t return Numbe	ne of organization ERICAN RIGHTS A ier and street (or P.O. box, if mail	is not delivered to st	DUCATI			86–108 E Telephone nun	nber
Ļ	Term		<u>16 P STREET, NV</u>				150	(202)8	<u>22-2127</u>
	Ame	inded return	r town, state or province, country		postal code			F Group Exempt	ion
				20036				Number 🕨	-
		nting Method	Cash X Accrual	Other (specify)					if the organization is n
		te: ▶ <u>N/A</u>						required to atta	
			ck only one) — X 501(c)(3)) < (insert no	<u> </u>	1) or 527	(Form 990, 99	0-EZ, or 990-PF).
			X Corporation Trust			Other		. 11	
			, to line 9 to determine gross rece 500,000 or more, <u>fi</u> le Form 990 ii			JO of more, of hit	otal assets (Pari	. II, ► ¢	2,390
	art I		Expenses, and Chang			nd Balance	S (see the instr	uctions for Part I)	2,390
2			rganization used Schedule O to re	-					X
<u>n</u> –	1		ifts, grants, and similar amounts					1	1,580
	2		revenue including government fi					2	
	3		es and assessments					3	
	4	Investment incor				SEE SCHE	DULE O	4	810
4 4	5a	Gross amount fro	om sale of assets other than inve	ntory		5a			
	b	Less: cost or oth	ner basis and sales expenses			5b			
	C	Gain or (loss) fro	om sale of assets other than inver	tory (Subtract line 5	ib from line 5a	a)		_5c	
ĩ	6	Gaming and fund	draising events						
ē	a	Gross income fro	om gaming (attach Schedule G if	greater than					
Revenue		\$15,000)				6a			
Rev	b		om fundraising events (not includ			of contributi	ons		
			events reported on line 1) (attac		um of such	l a l			
		0	nd contributions exceeds \$15,000	,		6b			
	C C		enses from gaming and fundraisi	-	Ob			a,	
	d 7a		oss) from gaming and fundraising iventory, less returns and allowar		a anu ou anu	1 1		6d	
	b	Less: cost of goo				7a 7b			
	c	-	loss) from sales of inventory (Sul	ntract line 7b from lin	ne 7a)		-	70	
	8		fescribe in Schedule O)			CEIVER		8	
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, an	d 8	I RI	CEIVE		▶ 9	2,390
	10		ar amounts paid (list in Schedule		1_	SEE SCHA	DULEO	10	<u>2,390</u> 983,183
	11	Benefits paid to c	or for members		E M	AY IS LOI	181	11	
S	12	Salaries, other co	ompensation, and employee bene	fits	12L		IT I	_12	
sus	13	Professional fees	s and other payments to indepen	Jent contractors		OGDEN, I		13	16,000
Expenses	14	Occupancy, rent,	, utilities, and maintenance					14	
ш	15		tions, postage, and shipping					15	
	16		(describe in Schedule O)			SEE SCHE	DULE O	16	2,607
	17		Add lines 10 through 16					▶ <u>17</u>	1,001,790
ts	218 Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-999,400	
sse	19		nd balances at beginning of year (n (A))				000 000
Net Assets			n end-of-year figure reported on p	-				19	226,013
Ne	20 21		n net assets or fund balances (exp ad balances at and afware. Comb		00			20	0
			nd balances at end of year. Comb Iction Act Notice, see the separa		20	• • • • • • • • • • • • • • • • • • •		▶ 21	-773,387 Form 990-EZ (2013

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Form 990-EZ (2013) AMERICAN RIGHTS AT WORK E Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to res			<u>86-1082</u> ;	272 Page 2
Check if the organization used Schedule O to res	pond to any quest		(1)	
		(A) Beginning of year		End of year
22 Cash, savings, and investments		1,151,990		2,087.
23 Land and buildings			23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O		14,580		<u>14,580.</u>
25 Total assets		1,166,570		<u>16,667.</u>
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O		940,557		790,054.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		226,013	. 27	<u>-773,387.</u>
Part III Statement of Program Service Accomplishmer	•			Expenses
Check if the organization used Schedule O to res	pond to any quest	tion in this Part III		d for section
What is the organization's primary exempt purpose? SEE SCHEDULE O) and 501(c)(4) tions and section
Describe the organization's program service accomplishments for each of its three largest program	services, as measured by expe	nses in a clear and concise	4947(a)(1) trusts, optional
manner, describe the services provided, the number of persons benefited, and other relevant inform			for other	s)
28 SEE SCHEDULE O			-	
		· · · · · · · · · · · · · · · · · · ·		
(Granta \$	renta obsali bara			
(Grants \$) If this amount includes foreign g	rants, check here		<u></u> 28a	
29	<u> </u>		_	
(Grants \$) If this amount includes foreign g	rants, check here	• • • • • • • • • • • • • • • • • • •	29a	
30	<u>_</u>			
<u></u>				
(Grants \$) If this amount includes foreign g	rants, check here	►	30a	
31 Other program services (describe in Schedule O)				
(Grants \$) If this amount includes foreign g	rants, check here		31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	0.
Part IV List of Officers, Directors, Trustees, and Key E	mployeee			``
	IIIUIUVEES (list each on	e even if not compensated -	see the instructions	for Part IVA
				s for Part IV)
Check if the organization used Schedule O to res	pond to any quest	tion in this Part IV	/	
Check if the organization used Schedule O to res	pond to any quest (b) Average hours	(c) Reportable compensation (Forms	(d) Health benefits contributions to	(e) Estimated
	pond to any quest	C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to res (a) Name and title	pond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms	(d) Health benefits contributions to employee benefit	(e) Estimated amount of other
Check if the organization used Schedule O to res (a) Name and title DAVID BONIOR	pond to any quest (b) Average hours per week devoted to position	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res (a) Name and title DAVID BONIOR CO-CHAIR	pond to any quest (b) Average hours per week devoted to	C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res (a) Name and title DAVID BONIOR CO-CHAIR JULIE MARTINEZ ORTEGA	pond to any quest (b) Average hours per week devoted to position 1.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation . 0.
Check if the organization used Schedule O to res (a) Name and title DAVID BONIOR CO-CHAIR JULIE MARTINEZ ORTEGA CO-CHAIR	pond to any quest (b) Average hours per week devoted to position	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation . 0.
Check if the organization used Schedule O to res (a) Name and title DAVID BONIOR CO-CHAIR JULIE MARTINEZ ORTEGA CO-CHAIR SARITA GUPTA	pond to any quest (b) Average hours per week devoted to position 1.00 1.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation . 0.
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Check if the organization used Schedule O to res (a) Name and title DAVID BONIOR CO-CHAIR JULIE MARTINEZ ORTEGA CO-CHAIR SARITA GUPTA	pond to any quest (b) Average hours per week devoted to position 1.00 1.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health benefits contributions to employee benefit plans, and deferred compensation 0	(e) Estimated amount of other compensation . 0.
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Check if the organization used Schedule O to res (a) Name and title DAVID BONIOR CO-CHAIR JULIE MARTINEZ ORTEGA CO-CHAIR SARITA GUPTA	pond to any quest (b) Average hours per week devoted to position 1.00 1.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health benefits contributions to employee benefit plans, and deferred compensation 0	(e) Estimated amount of other compensation . 0.
Check if the organization used Schedule O to res (a) Name and title DAVID BONIOR CO-CHAIR JULIE MARTINEZ ORTEGA CO-CHAIR SARITA GUPTA	pond to any quest (b) Average hours per week devoted to position 1.00 1.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health benefits contributions to employee benefit plans, and deferred compensation 0	(e) Estimated amount of other compensation . 0.
Check if the organization used Schedule O to res (a) Name and title DAVID BONIOR CO-CHAIR JULIE MARTINEZ ORTEGA CO-CHAIR SARITA GUPTA	pond to any quest (b) Average hours per week devoted to position 1.00 1.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health benefits contributions to employee benefit plans, and deferred compensation 0	(e) Estimated amount of other compensation . 0.
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Check if the organization used Schedule O to res (a) Name and title DAVID BONIOR CO-CHAIR JULIE MARTINEZ ORTEGA CO-CHAIR SARITA GUPTA	pond to any quest (b) Average hours per week devoted to position 1.00 1.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health benefits contributions to employee benefit plans, and deferred compensation 0 0 0	(e) Estimated amount of other compensation . 0.

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	990-EZ (2013) AMERICAN RIGHTS AT WORK EDUCATION FUND 86-1082			Page (
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in the			
	Instructions for Part V) Check if the organization used Sch. O to respond to any question in th	15 5 6	<u> </u>	
.	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	<u> </u>	Yes	
33	activity in Schedule 0	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			<u></u>
•••	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	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		x
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	N/	
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			1
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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	X	
	Enter amount of political expenditures, direct or indirect, as described in the instructions	-		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	<u>38a</u>		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 9 39a N/A		i	
	Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1		
704	section 4911 \blacktriangleright <u>0.</u> ; section 4912 \blacktriangleright <u>0.</u> ; section 4955 \blacktriangleright <u>0.</u>			
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	40b		x
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 \blacktriangleright 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization • 0.			
е	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	40e		X
41	List the states with which a copy of this return is filed \blacktriangleright CA, MD, NY, VA		010	
42 a	The organization's books are in care of \blacktriangleright SCARLET JIMENEZ Telephone no. \blacktriangleright (202) (202			/
	Located at \blacktriangleright <u>1616 P STREET, NW, WASHINGTON, DC</u> ZIP + 4 \blacktriangleright 2 At any time during the calendar year, did the organization have an interest in or a signature or other authority	4003	0	
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	103	X
	If "Yes," enter the name of the foreign country:	120		
	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 of the U.S.?	42c		x
	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	N/A	<u> </u>	
			<u> </u>	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	1		
	Form 990-EZ	44a		X
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		X
	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c	┼───	<u>x</u>
a	in Yes to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	<u> </u>	x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	404		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
			90-F7	/2012

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Form	990-EZ (2013) AMERICAN RIGHTS AT WOL	<u>RK</u> EI	DUCATI	ON FUNI)	86-1082	272	F	Page 4
								Yes	No
46	Did the organization engage, directly or indirectly, in political campaign	activities	s on behalf of	or in oppositio	n to candidates for bi	ublic office?			
	if "Yes," complete Schedule C, Part I						46		x
	t VI Section 501(c)(3) organizations only						40	<u> </u>	
	All section 501(c)(3) organizations must answer questi	ona 47 /	10b and 50	and complet	a tha tablaa far line	50 and 51			
					e the tables for line	is 50 and 51			\square
	Check if the organization used Schedule O to respond	to any	question in t	this Part VI					
								Yes	
	Did the organization engage in lobbying activities or have a section 501				ear? If "Yes," complete	e Sch C, Part II	47		X
48 I	s the organization a school as described in section 170(b)(1)(A)(ii)? If	f "Yes," co	mplete Scheo	dule E			48		<u> </u>
49a (Did the organization make any transfers to an exempt non-charitable re	elated org	anization?				49a		X
b I	f "Yes," was the related organization a section 527 organization?						49b		
50 (Complete this table for the organization's five highest compensated em	nployees ((other than of	ficers, director	s, trustees and key er	nployees) who e	ach re	ceived r	more
	han \$100,000 of compensation from the organization. If there is none								
-	(a) Name and title of each employee			age hours	(C) Reportable	(d) Health benefit	s. (e) Estim	ated
				devoted to	compensation (Forms	contributions to employee benefit		ount of	
	NONE		pos	sition	W-2/1099-MISC)	plans, and deferre		mpens	ation
	NONE					compensation	_	-	
	· · · · · · · · · · · · · · · · · · ·					··	_		
	•								
f	Fotal number of other employees paid over \$100,000			•	•				
	Complete this table for the organization's five highest compensated ind	dependen	t contractors	who each rece	ived more than \$100.	000 of compens	ation f	rom the	9
	organization. If there is none, enter "None." NONE	•							
	(a) Name and business address of each independent contractor			(h)	Type of service	(6)	Comp	ensatior	n
							oomp	JIIJUIIO	<u> </u>
	. <u> </u>								
				-					
	· · · · · · · · · · · · · · · · · · ·								
			_						
			_						
ď	Total number of other independent contractors each receiving over \$10	00,000							
52 l	Did the organization complete Schedule A? Note All section 501(c)(3)	organiza	to						
	charitable trusts must attach a completed Schedule A								
Under p Declara	penalties of perjury, I declare that, have examined this return, including accompany tion of preparer (other than)office is based on all information of which preparer has	ying schedi s any know	ute /te						
	(ALLEW (HANDA)								
Sign	Signature of officer								
Here		IRECT	г						
	Type or print name and title								
	Print/Type preparer's name Preparer's sig	nature							

	Print/Type preparer's name Preparer's signature
Paid Preparer	Amy Boland Am Br
Use Only	Firm's name GELMAN, ROSÉNBERG & FRE
Ose only	Firm's address > 4550 MONTGOMERY AVE SU
	BETHESDA, MD 20814-293
May the IRS dis	uss this return with the preparer shown above? See instructions
May the IRS dis	

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r 1

•										
SCHED	DULE A	.					•			OMB No 1545-0047
	90 or 990-EZ)		olic Charity S							2012
-		Comple	te if the organization is 4947(a)(1) no			-	tion or a s	ection		2013
Department of	of the Treasury		Attach to	•						Open to Public
Internal Reve	enue Service	Information about	out Schedule A (Form 990	or 990-EZ)	and its inst	tructions is	at www.irs	s.gov/fo	rm990.	Inspection
Name of	the organizati	ion							Employer	identification number
		AMERICA	N RIGHTS AT	WORK	EDUCA	TION	FUND		8	<u>6-1082272</u>
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t) See inst	ructions	;	
The organ	nization is not a	a private foundation	because it is (For lines "	1 through ⁻	11, check	only one b	ox)			
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(ı)			
2	A school described in section 170(b)(1)(A)(II). (Attach Schedule E)									
3 🛄	A hospital or	a cooperative hospi	tal service organization of	described	In section	170(b)(1)	(A)(iii).			
4 🛄	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)	(iII). Enter	the hospital's name,
	city, and stat	e								
5 🛄	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or o r	perated by	a governr	mental u	nıt describ	bed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6 🛄	A federal, sta	ite, or local governm	ent or governmental unr	t described	d in sectio	on 170(b)(1)(A)(v).			
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from th	ne general	public described in
	•	b)(1)(A)(vi). (Comple	,							
8			ection 170(b)(1)(A)(vi).							
9			eives (1) more than 33 *							
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2) no more	e than 33 1	/3% of	its support	t from gross investment
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the or	ganization	after June 30, 1975
<u> </u>	See section	509(a)(2). (Complete	e Part III)							
10	-	-	perated exclusively to te		-			•		
11 🛄	-	•	perated exclusively for th				-			• •
			ations described in section				2) See sec	ction 50	9(a)(3). Ch	eck the box that
		· · · · · · · · · · · · · · · · · · ·	organization and compl		-					
	a 🛄 Type I	-		ype III - Fui		-				n-functionally integrated
e 🗔	-	-	it the organization is not				•		-	
		-	han one or more publicly		-				09(a)(1) or	section 509(a)(2)
f	-		ten determination from t	he IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III		-
		rganization, check th		_		_			_	
g	_		organization accepted ar					• •		
	••		irectly controls, either al	one or tog	ether with	persons c	lescribed i	in (II) and	(III) below	
	Ũ	0,	upported organization?							11g(i)
	., ,	•	n described in (i) above?		~					11g(n)
			person described in (i) o	• •						11g(m)
h	Provide the f	ollowing information	about the supported or	ganization	(S)					
	, . ,			(in) to the a		(v) Did yoi	u notifi the	(vi)	Is the	
.,	e of supported	(iı) EIN	(III) Type of organization (described on lines 1-9	in col. (i) lis			ion in col.	lorganiza	ition in col.	(vii) Amount of monetary
orya	anization		above or IRC section	governing			r support?	(i) orgar U	ized in the	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
			· · · · · · · · · · · · · · · · · · ·					103	+	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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<u>Total</u>

Schedule A (Form 990 or 990 EZ) 2013 AMERICAN RIGHTS AT WORK EDUCATION FUND 86-1082272 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		1				
	include any "unusual grants ")	1,190,914.	680,460.	500,606.	175,412.	1,580.	2,548,972.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,190,914.	680,460.	<u>_500,606.</u>	175,412.	1,580.	2,548,972.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,439,802.
	Public support. Subtract line 5 from line 4						1,109,170,
See	ction B. Total Support					1 1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,190,914.	<u>680,460.</u>	500,606.	175,412.	1,580.	2,548,972.
8	Gross income from interest,			•			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	6,823.	3,770.	<u> </u>	1,252.	810.	14,425.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			. ==			
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				2,300.		2,300.
11	Total support. Add lines 7 through 10						2,565,697.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	225,611.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here					
-	ction C. Computation of Publ						
	Public support percentage for 2013 (I			olumn (f))		14	43.23 %
	Public support percentage from 2012	-				15	35.34 %
16a	33 1/3% support test - 2013. If the c	-			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•				►X
b	33 1/3% support test - 2012. If the c				line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual		•				
17a	10% -facts-and-circumstances tes	-					,
	and if the organization meets the "fac					rt IV how the organi	ization
	meets the "facts and circumstances"	-	-		-		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the				• •		. —
40	organization meets the "facts-and-circ		-	· ·	· · · ·		
18	Private foundation. If the organization	n did not check a	box on line 13, 16;	$\frac{1}{100}, \frac{1}{2}, \frac{1}{2}, \frac{1}{2}$			
					Sche	edule A (Form 990	or 990-EZ) 2013

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Schedule A (Form 990 or 990 EZ) 2013 AMERICAN RIGHTS AT WORK EDUCATION FUND 86-1082272 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not	:				2	
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	2					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an 3 received from disqualified persor						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)]	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from business acquired after June 30, 1975	:S					
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	is					
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12			l	. I.	1	
14 First five years. If the Form 990 is	for the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Pu	blic Support Pe	ercentage			· . · ·	
15 Public support percentage for 201	3 (line 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv	estment Incom	ne Percentage	•			
17 Investment income percentage for			ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2013. If t	-					17 is not
more than 33 1/3%, check this box	-			•		
b 33 1/3% support tests - 2012. If t	-				•	
line 18 is not more than 33 1/3%, o						▶∟
20 Private foundation. If the organiza	tion did not_check a	1 box on line 14, 19	Ba, or 19b, check t	this box and see ii	nstructions	▶
332023 09-25-13			7	So	hedule A (Form 99	0 or 990-EZ) 2013

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Part IV	Supplementa	I Information. Pr	rovide the explanation	s required by Part	II, line 10, Part II.	Ine 17a or 17	b, and Part III. line	e 12
			nal information (See i		, , .		, , -	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·					
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	-	- <u>-</u>			-			
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2024 09-25-1	3					Schedule A	(Form 990 or 990)-EZ
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, ,						
SCHEDULE C	Pe	olitical Campaign	and Lobbyir	ng Activities		OMB No 1545-0047
(Form 990 or 990-EZ)		anizations Exempt From Incon	-	-		2013
Department of the Treasury Internal Revenue Service	► Complete	e if the organization is describe rate instructions.	ed below. 🕨 Attach t	to Form 990 or Form 99 (Form 990 or 990-EZ) a		Open to Public Inspection
 Section 501(c)(3) org Section 501(c) (othe Section 527 organiz If the organization ansi Section 501(c)(3) org Section 501(c)(3) org If the organization ansi 	ganizations Corr er than section 50 ations Complete wered "Yes," to ganizations that i ganizations that i wered "Yes," to	Form 990, Part IV, line 3, or For plete Parts I-A and B Do not co 01(c)(3)) organizations Complete	rm 990-EZ, Part V, lir mplete Part I-C Parts I-A and C below rm 990-EZ, Part VI, li nder section 501(h)) C ion under section 501(ne 46 (Political Campaig Do not complete Part I- ne 47 (Lobbying Activiti omplete Part II-A Do not h)) Complete Part II-B D Z, Part V, line 35c (Prox	B complete o not com y Tax), the	Part II-B plete Part II-A
Part I-A Compl	AMERICA	<u>N RIGHTS AT WORK</u> anization is exempt und	EDUCATION	FUND	86-	-1082272
 Provide a description Political expenditure Volunteer hours 	•	ation's direct and indirect politic	al campaign activities		►\$	
Part I-B Compl	ete if the org	anization is exempt und	er section 501(c)	(3).		
		incurred by the organization und			•\$	
2 Enter the amount o	of any excise tax	incurred by organization manage	ers under section 4955	5	• \$ <u> </u>	
3 If the organization i	incurred a sectio	n 4955 tax, dıd ıt file Form 4720	for this year?			Yes No
4a Was a correction m						YesNo
b If "Yes," describe in Part I-C Comple		anization is exempt und	or coction 501/c)	overnt contion 50	1(0)(2)	
		I by the filing organization for se- ization's funds contributed to ot	•		• \$	
exempt function ac			ler organizations for se		• \$	
·		Add lines 1 and 2 Enter here a	nd on Form 1120-POL	1	•	
line 17b				►	• \$	
4 Did the filing organi	ization file Form	1120-POL for this year?				🗌 Yes 📃 No
made payments Fe contributions receiv	or each organiza ved that were pro	nployer identification number (El tion listed, enter the amount pair pomptly and directly delivered to a additional space is needed, prov	d from the filing organiz a separate political org	zation's funds Also enter anization, such as a sepa	r the amou	int of political
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -	0- contril 0- pro deliv pol	Amount of political putions received and mptly and directly rered to a separate tical organization f none, enter -0-
		·····				
						<u> </u>
<u></u>						

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Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13

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Schedule C (Form 990 or 990 EZ) 2013 AM Part II-A Complete if the organ	IERICAN RI	<u>GHTS AT WORI</u>	K EDUCATION n 501(c)(3) and fil	<u>FUND 86-1</u> ed Form 5768	082272 Page 2
(election under section	on 501(h)).				
A Check 🕨 🛄 if the filing organization	n belongs to an affili	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
 expenses, and share of 	of excess lobbying e	xpenditures)			
B Check 🕨 🛄 if the filing organization	n checked box A an	d "limited control" pro-	visions apply		
Limits of Che term "expenditu	on Lobbying Expen ures" means amoun			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ice public opinion (c	rass roots lobbying)		0.	
b Total lobbying expenditures to influen				0.	
c Total lobbying expenditures (add lines	•	, (=		0.	
d Other exempt purpose expenditures	, a and to,			1,101,790.	
e Total exempt purpose expenditures (a	add lines 1c and 1d			1,101,790.	
f Lobbying nontaxable amount Enter ti			columns	185,179.	
				105,175.	
If the amount on line 1e, column (a) or (b	-	ying nontaxable amo			
Not over \$500,000		he amount on line 1e	A 500.000		
Over \$500,000 but not over \$1,000,00		D plus 15% of the exce			
Over \$1,000,000 but not over \$1,500) plus 10% of the exce			
Over \$1,500,000 but not over \$17,00) plus 5% of the exces	s over \$1,500,000		
Over \$17,000,000	\$1,000,0	00			
				46.005	
g Grassroots nontaxable amount (enter	•			46,295.	
h Subtract line 1g from line 1a If zero o				0.	
I Subtract line 1f from line 1c If zero or			l	0.	
J If there is an amount other than zero of reporting section 4911 tax for this year		ne 1ı, dıd the organıza	tion file Form 4720		Yes No
	ons that made a se	raging Period Under S ection 501(h) election e instructions for lines	do not have to comp		
		ditures During 4-Yea			-
		ditures During 4- Tea	Averaging Feriou		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	202,663.	169,110.	40,021.	185,179.	596,973.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					895,460.
c Total lobbying expenditures					
d Grassroots nontaxable amount	50,666.	42,278.	10,005.	46,295.	149,244.
e Grassroots ceiling amount		=4,470.	10,003.	40,233.	
(150% of line 2d, column (e))					223,866.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

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Schedule C (Form 990 or 990 EZ) 2013 AMERICAN_RIGHTS AT WORK EDUCATION FUND 86-1082272 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(p)
of th	e lobbying activity	Yes	No	Ame	ount
b	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?	ļ			
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?			-	
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?			•	
-	Total Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5) or so	ction	
	501(c)(6).		(0), 01 36	Clon	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," OF	R (b) Parl	t III-A, lir	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	o list), Part II	A, line 2, a	nd Part II-E	3, line 1
Also,	complete this part for any additional information				

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Schedule C (Form 990 or 990-EZ) 2013

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	DULE N 90 or 990-EZ)	Com	plete if the organiz	zation answered "Yes" t	ution, or Sign o Form 990, Part IV, line ution, resolutions, or pla	s 31 or 32; or Form 9	OSITION OF ASS 990-EZ, line 36.	ets	омв № 20)1545-01)13	
Department Internal Revo	of the Treasury enue Service	► Atta	ch to Form 990 or 9	Э90-EZ.			fa 000		Open f	to Pub ection	
Name of	the organizatio	n		<u>E WORK EDUCAT</u>	0-EZ) and its instruction	is is at www.irs gov/	form990	Employer ide 86-1		on num	
Part I	Liquidation, space is need		ution. Complete the	s part if the organization a	answered "Yes" to Form S	990, Part IV, line 31, o	r Form 990-EZ, line 36 Pa	rt I can be dup	licated if a	additio	nal
1	(a) Description distributed o expens	r transaction	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	of recipient	recip tax-exer	C section lient(s) (if mpt) or ty entity	
										Yes	No
	•	cer, director, trustee, or or trustee of a success		Ş					2a		

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

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Schedule N (Form 990 or 990-EZ) (2013)

2b

2c

2d

Schedule N (Form 990 or 990 EZ) (2013) AMERICAN RIGHTS AT WORK EDUCATION FUND 86-1082272 Part I Liquidation, Termination, or Dissolution (continued) 86-1082272

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

3	Did the organization distribute its asse	ets in accordance with i	its governing instrument(s	s)? If "No," describe in Par	t III		3	í'	
4a	Is the organization required to notify the	ne attorney general or o	other appropriate state of	ficial of its intent to dissolv	/e, liquidate, or termi	nate?	4a		
Ь	If "Yes," did the organization provide s	such notice?					4b		
5	Did the organization discharge or pay	all of its liabilities in acc	cordance with state laws?	1			5		
6 a	Did the organization have any tax-exer	mpt bonds outstanding	during the year?				6a		
b	Did the organization discharge or defe	ase all of its tax-exemp	t bond liabilities during th	e tax year in accordance	with the Internal Rev	enue Code and state laws?	6b		
C	If "Yes," to line 6b, describe in Part III	how the organization d	efeased or otherwise sett	led these liabilities If "No	<u>," explain in Part III</u>				
Part	II Sale, Exchange, Disposition, or Form 990-EZ, line 36 Part II can b			nization's Assets.Comple	ete this part if the org	anization answered "Yes" to Form 990, I	Part IV, line	⇒32, o	r
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	recip tax-exer	section ient(s) (if inpt) or ty entity	F
						JOBS WITH JUSTICE EDUCATION FU			
<u>CASH</u>		04/29/14	973,733	ACTUAL AMOUNT	52-1865575		<u>501(C)(</u>	<u>})</u>	
~~~~						JOBS WITH JUSTICE EDUCATION FU			
CASH	· · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · ·	01/03/14	9,451.	ACTUAL AMOUNT	52-1865575		<u>501(C)(</u>	.)	
2	Did or will any officer, director, trustee,	, or key employee of the	e organization		·	4	·	Yes	No
	Become a director or trustee of a succ		0				2a		x
ь	Become an employee of, or independe	ent contractor for, a suc	ccessor or transferee orga	anization?			2b	Х	
с	Become a direct or indirect owner of a	successor or transfere	e organization?				2c		Х
d	Receive, or become entitled to, compe	ensation or other similar	r payments as a result of	the organization's significa	ant disposition of ass	sets?	2d		Х
е	If the organization answered "Yes" to a	any of the questions in	this line, provide the nam	e of the person involved a	and explain in Part III		•		
						S	<u>EE PA</u>	<u>RT</u>	III
				10		<b>~</b> · · · · · · · · · · · · · · · · · · ·			

Page 2

Yes No

Part III Supplemental Inform Also complete this part to pr					<u> </u>	
PART IÌ, LINE 2E:						
NAME OF PERSON: SARIT	A GUPTA					
PART II, LINE 2E:						
EXPLANATION: MS. GUP1	<u>A IS AN</u>	EMPLOYEE	OF THE	JOBS V	VITH JUSTIC	E EDUCATION
FUND.						
	<u> </u>					
		<u> </u>				
						****
				<u> </u>		
. <u></u>					<u></u>	
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			·		· ·	··· ·
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(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information Complete to provide information for res Form 990 or 990-EZ or to provide a Attach to Form 99 Attach to Form 99	ponses to specific questions on any additional information. 0 or 990-EZ.	<b>ZUI3</b> Open to Public
Name of the organization	Information about Schedule Q (Form 990 or 990-EZ) a AMERICAN RIGHTS AT WORK	Emp	bloyer identification numbe 6-1082272
FORM 990-EZ, 1	PART I, LINE 4, OTHER INVES	TMENT INCOME:	
DESCRIPTION OF	F PROPERTY:		AMOUNT :
INTEREST INCO	ME		810
FORM 990-EZ, 1	PART I, LINE 10, GRANTS AND	ALLOCATIONS:	
ACTIVITY CLAS	SIFICATION:	······	
GRANTEE NAME:	JOBS WITH JUSTICE EDUCATIO	N FUND	
GRANTEE ADDRES	SS: 1616 P STREET NW, SUITE	150 WASHINGTON, DC	20036
AMOUNT GIVEN:			983,183
	PART I, LINE 16, OTHER EXPE	INSES:	AMOUNT :
BANK SERVICE/(	CREDIT CARD CHARGE		1,692
MEETINGS & COM	IFERENCES		915
TOTAL TO FORM	990-EZ, LINE 16		2,607
FORM 990-EZ, P	PART II, LINE 24, OTHER ASS	ETS:	
DESCRIPTION		BEG. OF YEAD	R END OF YEA
ACCOUNTS RECE	IVABLE	14,580	. 14,580
FORM 990-EZ, P	PART II, LINE 26, OTHER LIA	BILITIES:	
DESCRIPTION		BEG. OF YEAD	R END OF YEA
DUE TO ARAW		940,557	. 804,991
	BLE	0	-14,937
ACCOUNTS PAYAR			

Ŀ

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization

×.

AMERICAN RIGHTS AT WORK EDUCATION FUND

Employer identification number 86-1082272

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ARAWEF WORKS THROUGH

EDUCATION AND RESEARCH TO ENGAGE THE PUBLIC ON ISSUES RELATING TO

WORKERS' RIGHTS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATES THE PUBLIC CONCERNING THE NEEDS OF AMERICAN

WORKERS, THE ROLE OF UNIONS, AND THE RIGHTS OF WORKERS.

EDUCATES THE PUBLIC CONCERNING SOCIALLY RESPONSIBLE AND

ETHICAL CORPORATE LABOR PRACTICES.

FORM 990-EZ, PART I:

DURING THE YEAR, THE ORGANIZATION TRANSFERRED A PORTION OF ITS ASSETS

TO JOBS WITH JUSTICE EDUCATION FUND (JWJ EF). THE ORGANIZATION INTENDS

TO TRANSFER ITS REMAINING AVAILABLE ASSETS TO JWJ EF BEFORE DISSOLVING.

THE ORGANIZATION WILL FILE A SHORT YEAR RETURN FOR THE PERIOD 7/1/2014

THROUGH 12/31/2014.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 32211 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

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