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WORKFAM 11/15/2010 3 46 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009 Open to Public Inspection

<u>A</u>	Por the 2005 ca	alendar year, or tax year beginning , and ending			
В	Check if applicable	Please C Name of organization		D Emplo	oyer identification number
1.17	Address change	Working Families Organization	ı, Inc.	,	
1 1	lame change	print or Doing Business As		20-	-4994004
į į̃,	nitial retum	type Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number
		Specific 2 Nevins Street, 3rd Floor		718	3-222-5718
- '	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross rece	expts \$ 1,293,591
1 , 1	Amended return	tions Brooklyn NY 11217		ļ	
	Application pending	F Name and address of principal officer		1	a group return for
				affiliat H(b) Are al	l affiliates
				includ	12,
	Tau a	tus X 501(c) (4) (insert no) 4947(a)(1) or 527		1 11 110,	* attach a list (see instructions)
	Tax-exempt stat	tus X 501(c) (4) ◀ (insert no) 4947(a)(1) or 527 N/A		H(c) Groun	exemption number
		X Corporation Trust Association Other ▶	L Year of formation 2	2007	M State of legal domicile NY
		Summary	TE Tear of formation —		III State of Egal dolliere 4-1
		describe the organization's mission or most significant activities.			
		organization's mission is to invigorate civic	participation	and pro	mote
JC		al welfare.	.		
rua					
Activities & Governance	2 Check t	this box > if the organization discontinued its operations or disposed of more	than 25% of its net asset	s	
Ğ	•	r of voting members of the governing body (Part VI, line 1a)		3	46
es &		r of independent voting members of the governing body (Part VI, line 1b)		4	46
Ž.		umber of employees (Part V, line 2a)		5	0
cti	l	umber of volunteers (estimate if necessary)		6	100
•	7a Total gr	ross unrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net unr	elated business taxable income from Form 990-T, line 34		7b	0
0			Prior Ye		Current Year
, e	8 Contrib	utions and grants (Part VIII, line 1h)	1,91	0,663	1,293,577
C & L	9 Prograr	m service revenue (Part VIII, line 2g)	<u> </u>	F 2 2	1 /
Reve				532	14
ا ا ا		evenue (Part VIII, column (A), lines 5060, 8c, 9c, 10c, and 11e)	1 01	1,195	1 202 501
		evenue – add lines 8 through 11 (mssTequal(Part VIII), column (A), line (3)		0,000	1,293,591 35,575
j	1	and similar amounts paid (Part IX, column (A), lines 1–9) 2010		0,000	35,575
Expenses		s paid to or for members (Part IX, column (A), line 4)		3,955	58,740
ses		s, other compensation, employee benefits (Part 1), column (A), line a tell (A).		3,333	30,140
Expenses	1	andraising expenses (Part IX, column (A), line -rey			
5 X	l	expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1.84	0,286	1,203,992
	i .	xpenses Add lines 13–17 (must equal Part IX, column (A), line 25)		4,241	1,298,307
		ue less expenses Subtract line 18 from line 12		3,046	-4,716
5 8		ac loss expenses outstracture to nonvinte 12	Beginning of Cu		End of Year
sets	20 Total a	ssets (Part X, line 16)		8,090	17,880
Net Assets or Fund Balances	21 Total lia	abilities (Part X, line 26)		8,427	62,933
		sets or fund balances. Subtract line 21 from line 20		0,337	-45,053
_ <u>P</u>	art II	Signature Block	. 		
		Under penalties of perjury, I declare that have examined this return, including accompanying st			
		and belief, it is true correct, and complete) Declaration of preparer (other than officer) is based	on all information of which pre	sparer rips ar	iy kilowiedge
Sig		1 Mu Ch		<u> </u>	
He	re /	Signature of officer); ===+==	Date	
			Director		
		Type or print name and title	Date of the second		Preparer's identifying number
Pa	101	Preparers \ Trenita M. Owens, CPG, PFS	Date Check self-	. r	(see instructions)
	eparer's	signature Renita M. Owens, CPA, PFS	11/15/10 emplo	yed 🕨 📗	P00140237
	•	Renita M. Owens, CPA, LLC		EIN)	26-4049405
		f self-employed). 1441 Augusta Street		Phone	064 000 4560
		address, and ZIP+4 Greenville, SC 29605		no 1	<u> 864-233-4163</u>
		uss this return with the preparer shown above? (see instructions)			X Yes No
For	Privacy Act	and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	, 3 40 FM			
		Organization, Inc. 20-4	994004	Page 2
1 Briefly describe		ion is to invigorate civi	c participation and	promote
the prior Form ! If "Yes," describ Did the organiz services? If "Yes," describ	990 or 990-EZ? be these new services on Sche cation cease conducting, or mal be these changes on Schedule	ke significant changes in how it conducts, any progra : O	am . [_	Yes X No
Section 501(c)((3) and 501(c)(4) organizations	or each of the organization's three largest program s and section 4947(a)(1) trusts are required to report revenue, if any, for each program service reported	• •	
finance nation, taxation, unemploym	cus included: reform, elector voting); econom, reductions in ment insurance,	110,209 including grants of \$ election reform issues (t al college reform, and re ic and social policy refo property tax burdens, pa public authority reform, cy, climate change).	erm limits, campaign establishment of "op rm (fair and equitab id family leave,	en le
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
, ,	,			
,				
4c (Code) (Expenses \$	including grants of S) (Revenue \$	
, , , , , , , , , , , , , , , , , , ,				

4d	4d Other program services (Describe in Schedule O)									
	(Expenses \$	including grants of \$) (Revenue \$							
40	Total program service expenses	1.110.209								

Form **990** (2009)

Form 990 (2009) Working Families Organization, Inc. 20-4994004

Partiv Checklist of Required Schedules

				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	•			
	Schedule C, Part II		4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•			-
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			-	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X			1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII		12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			l	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		_ <u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	ě	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16	\vdash	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				7-
	If "Yes," complete Schedule G, Part III		19		X
<u>20</u> _	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	·	20	990	X
			Forn	~ ~~()	CONTRA

Form 990 (2009) Working Families Organization, Inc. 20-4994004 Part IV Checklist of Required Schedules (continued)

24	Did the account of the organization of the org		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		.,	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated		İ	
	employees? If "Yes," complete Schedule J			x
24a		23		
- 10	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	245		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	
c		240		
-	to defease any tax-exempt bonds?	24c	i	
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	230		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or]]		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	135		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	- 1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Ţ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	j	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ĺ	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
•	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2009

Form 990 (2009) Working Families Organization, Inc. 20-4994004

Part V. Statements Regarding Other IRS Filings and Tax Compliance

	The state of the s					
4-	Fatesthe symbol and the Boule of Sam (200 Apr. 10			r	Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		9			,
L	U.S. Information Returns Enter -0- if not applicable	1a	<u> </u>	<i>,</i>	1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and repor	1b	1		1/	
٠	gaming (gambling) winnings to prize winners?	lable		, ,	X	l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	l	1c		
Lu	Statements, filed for the calendar year ending with or within the year covered by this return	2a	О			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		Ī
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			20		
	instructions)			,	,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	v				
	this return?	,		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	nority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	-				
	account)?			4a		х
b	If "Yes," enter the name of the foreign country	•				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	nk		,		
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ng				
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	1 1	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>		, ;	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal				
	benefit contract?			. 7e		
۱ م	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	•		7f		
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			7 <u>g</u>		
	required?	•		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			/		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				,	
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•		9b		
10	Section 501(c)(7) organizations. Enter		•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	j		`	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter		<u></u>			
a	Gross income from members or shareholders	11a	<u></u>		·	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				ا ر،	
	amounts due or received from them)	11b				ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	417		12a	,	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			
				Form	990	(2009)

WOI	RKFAM 11/15/2010 3 47 PM					
Form	1990 (2009) Working Families Organization, Inc. 20-4994004				F	age 6
	irt VI . Governance, Management, and Disclosure For each "Yes" response to lines 2	throug	h 7b be	low, and		-3
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, pro	cesse	s, or ch	anges ir	า	
	Schedule O. See instructions.				_	
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	46		4	
b	Enter the number of voting members that are independent	_1b	46	_ `		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			F		
_	any other officer, director, trustee, or key employee?			2_	—	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			1	1	
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3_	 	X
4 5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	d?		4	├	X
6	Did the organization become aware during the year of a material diversion of the organization's assets?			5	\vdash	X
7a	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members			6	├	^
10	of the governing body?			7a	<u> </u>	х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	 	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	•		10	 	1
•	the year by the following					
а	The governing body?			8a	x	Ī
b	Each committee with authority to act on behalf of the governing body?	•		8b	x	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			100	 	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Ir	terna				
	renue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	X	ļ
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					1
44-	form?			11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				7	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			<u>12a</u>	<u> </u>	├
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			401		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."			12b	X	
С	describe in Schedule O how this is done			425	x	
13	Does the organization have a written whistleblower policy?			12c		X
14	Does the organization have a written document retention and destruction policy?			14	x	1
15	Did the process for determining compensation of the following persons include a review and approval by			19		-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	1 '	x
b	Other officers or key employees of the organization			15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			1.55		
16a				•		
	with a taxable entity during the year?			16a	<u> </u>	x
b						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			′		
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY		-			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	nly)				
	available for public inspection. Indicate how you make these available. Check all that apply					

Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the 2 Nevins St., 3rd Floor organization > Corinne Locke

Brooklyn

NY 11217

718-222-5718

DAA

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Averåge hours per week	ndividual trustee or director		Officer	k all t	a Highest compensated employee	Pomer Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Bob Master								_		
President		X		X	ļ		_	0	0	0
Sam Williams		x		x				o	o	C
Secretary Dorothy Siegel		╬	 	₽						
Treasurer	}	x		x				o	o	o
					<u> </u>					<u> </u>
			-	-	-					
		-		_	ļ					
		-								
					-					
										
										
			-							
-A					 					

Part \	/II Section A. Officers	Directors, Trus	tees	, Ke	y En	nplo	yees	, and	d Highest Compensated E	mployees (continued)				
•	(A) Name and Title	(B) Average hours per			chec	,	hat a _l		(D) Reportable compensation	(E) Reportable compensation	Estu	(F) mated ount of		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	o compo froi organ and organ			
							-							
											<u> </u>			
												<u> </u>		
						_								
						_	_							
						_								
<u></u>							_		-					
	•													
												 		
							<u></u>							
												,		
1b To	tal				·			>						
	tal number of individuals (inc			_	ose	listed	d abo	ve)	who received more than \$10	00,000 in				
rep	portable compensation from t	the organization I	<u> </u>	0								T _V	No.	
3 Di	d the organization list any for	mer officer, direc	ctor c	r tru	stee	, key	emp	oloye	ee, or highest compensated		,	Yes	No X	
4 Fo	nployee on line 1a? If "Yes," of any individual listed on line or any individual listed on line organization and related org	1a, is the sum of	repo	ortab	le co	ompe	ensat	ion a			3			
ind	dividual d any person listed on line 1a	-									4		X	
	rvices rendered to the organ		com	olete	Sch	edul	e J fo	or su	ich person		5	<u> </u>	X	
1 Co	n B. Independent Contractor omplete this table for your five	e highest comper	nsate	d inc	lepe	nder	nt cor	ntrac	ctors that received more that	n \$100,000 of				
со	mpensation from the organiz Name and	(A) business address							Descrip	(B) tion of services		(C) Compensat	tion	
	stige Employee Ad dbury	ministrato NY				136	W		bury Lane, Suite Employee Lease			512,355		
													•	
		· -								· · · · · · · · · · · · · · · · · · ·				
· -								†"						
	otal number of independent c		_				to th	ose	listed above) who received					
DAA	ore than \$100,000 in comper	isation from the c	rgar	izati	on 🕨	<u> </u>				· · · · · · · · · · · · · · · · · · ·	Fc	1 om 990	(2009)	

Form 990 (2009) Working Families Organization, Inc. 20-4994004 Page 9 Part VIII Statement of Revenue (B) Related or exempt function (D)
Revenue
excluded from tax
under sections
512, 513, or 514 (A) Total revenue (C) Unrelated business revenue revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1ď e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,293,577 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f , 293, 577 Program Service Revenue Busn. Code 2a b C d f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 14 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross Rents b Less rental exps Rental inc or (loss) Net rental income or (loss) 7a Gross amount from (i) Securities (n) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events \triangleright 9a Gross income from garning activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory • Miscellaneous Revenue Busn. Code 11a b

1,293,591

14

0

d All other revenue

Total. Add lines 11a–11d

Total Revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	3			,	
	organizations in the U.S. See Part IV, line 21	35,575	35,575		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22			,	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				,
	U.S. See Part IV, lines 15 and 16			′	,
4	Benefits paid to or for members				, ,
5	Compensation of current officers, directors,				
	trustees, and key employees		1		
6	Compensation not included above, to disqualified	-			
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages			·	
8	•				
0	Pension plan contributions (include section 401(k)	E0 740	E0 E40	0.000	
_	and section 403(b) employer contributions)	58,740	50,540	8,200	
9	Other employee benefits				<u> </u>
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	537		537	
C	Accounting	26,856	23,252	3,604	
d	Lobbying	277,733	277,733		
θ	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	57,354	49,658	7,696	
12	Advertising and promotion	1,604	1,306	298	
13	Office expenses	42,479	36,493	5,986	
14	Information technology	20,797	18,254	2,543	
15	Royalties			= / 3 . 3	
16	Occupancy	82,257	71,249	11,008	
17	Travel	77,884	72,470	5,414	
18		17,004	12,410	3,414	
10	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	11 716	0 300	2 207	
19	Conferences, conventions, and meetings	11,716	8,389	3,327	
20	Interest				·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,510	2,173	337	
		· [ĺ	
24		,	·	Ì	
	covered above (Expenses grouped together	,		, I	,
	and labeled miscellaneous may not exceed	· ,			
	5% of total expenses shown on line 25 below)	<u> </u>			<u> </u>
а	PEO Expense	559,384	430,675	128,709	
b	Telephone	28,053	24,289	3,764	
С	Taxes and Licenses	13,430	6,930	6,500	
d	Dues & Subscriptions	1,133	981	152	
е	Research	199	199		
_	All other expenses	66	43	23	
	Total functional expenses Add lines 1 through 24f	1,298,307	1,110,209	188,098	
	Joint costs. Check here ▶ If following	1,230,307	1,110,209	100,030	
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and		1		
DAA	fundraising solicitation	<u></u>	<u>-</u>		- 000
5,57					Form 990 (2009)

Pa	ırt X	Balance Sheet	·			
				(A) Beginning of year		(B) End of year
- 1	1	Cash—non-interest bearing		3,074	1	5,736
- 1	2	Savings and temporary cash investments		5,016	2	5,019
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tri	ustees, key	1 11,11	,	11 , 1
		employees, and highest compensated employees Comple	ete Part II of			
		Schedule L		[5	Ī
	6	Receivables from other disqualified persons (as defined u	nder section			,
1		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	,		1 ′′
		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				,
ĺ		other basis Complete Part VI of Schedule D	10a 6,625	5	,	
ļ	b	Less accumulated depreciation	10b	†	10c	6,625
1	11	Investments—publicly traded securities	Carri		11	
l	12	Investments—other securities See Part IV, line 11	•		12	
l	13	Investments—program-related See Part IV, line 11	•		13	
	14	Intangible assets			14	<u> </u>
i	15	Other assets See Part IV, line 11			15	500
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,090	16	17,880
\dashv	17	Accounts payable and accrued expenses		48,427	17	62,933
- 1	18	Grants payable		40,427	18	02,333
1	19	Deferred revenue				
ł	20	Tax-exempt bond liabilities			19	
S	21	Escrow or custodial account liability Complete Part IV of S	Sahadula D		20	
.≝ ।	22				21	
إ	22	Payables to current and former officers, directors, trustees	•	<i>'</i>		1
<u>a</u>		employees, highest compensated employees, and disquai	uned			†
-1	22	persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third p			23	<u> </u>
- 1	24	Unsecured notes and loans payable to unrelated third part	iles		24	
1	25	Other liabilities Complete Part X of Schedule D		40 427	25	62 033
-	26	Total liabilities. Add lines 17 through 25	1	48,427	26	62,933
nces		Organizations that follow SFAS 117, check here	and		′	
Ĕ	22	complete lines 27 through 29, and lines 33 and 34.		40 227		45.053
ਾ ਹ	27	Unrestricted net assets		-40,337	27	-45,053
	28	Temporarily restricted net assets			28	
Fund	29	Permanently restricted net assets	► F*)		29	
ш́		Organizations that do not follow SFAS 117, check her	9 ▶			
Net Assets or		and complete lines 30 through 34.				Í
ş	30	Capital stock or trust principal, or current funds			30	
386	31	Paid-in or capital surplus, or land, building, or equipment f			31	
۲	32	Retained earnings, endowment, accumulated income, or o	other funds		32	72 222
ē	33	Total net assets or fund balances	•	-40,337	33	-45,053
_	34	Total liabilities and net assets/fund balances		8,090	34	17,880

Form **990** (2009)

orn	1990 (2009) Working Families Organization, Inc. 20-4994004		Pa	ge 12	
Pa	rt XI Financial Statements and Reporting				
Ī			Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	, ,	1	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	١,		11	
	Schedule O			1.7	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			1,	
	issued on a consolidated basis, separate basis, or both	(*)			
	Separate basis Consolidated basis Both consolidated and separate basis		,		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b			

Form **990** (2009)

SCHEDÙLE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Na	me of organization	Employer identifi	
Ba	Working Families Organization, Inc. rt I-A Complete if the organization is exempt under section 501(c) or is a section	20-49940	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	527 Organization	<u> </u>
2	Political expenditures	▶ c	
3	Volunteer hours		
•	Volunteer nours	_	
Pa	rt I-B Complete if the organization is exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	_	Yes No
4a	Was a correction made?		Yes No
b	If "Yes," describe in Part IV		
Pa	rt I-C Complete if the organization is exempt under section 501(c), except section	n 501(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function		
	activities	▶ \$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section		
	527 exempt function activities	▶ \$ _	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,		
	line 17b	▶ \$ _	
4	Did the filing organization file Form 1120-POL for this year?		Yes No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations	to which payments	
	were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter	the amount of political	
	contributions received that were promptly and directly delivered to a separate political organization, such as a s	separate segregated	
	fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	·	
	(a) Name (b) Address (c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate
			political organization, If none, enter -0-
For	Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule C (For	n 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 WO	rking Famil	ies Organi	zation. In	c. 20-49940) 04 Page 2
Part II-A Complete if the organ	ization is exempt	under section 50	01(c)(3) and file	d Form 5768 (elec	
under section 501(h)).					
A Check > if the filing organiza					
B Check ▶ 🗍 if the filing organiza			ontrol" provision:	s apply.	
(The term "expenditures		paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pr	ublic opinion (grass roo	ots lobbying)			
b Total lobbying expenditures to influence a					· · · · · · · · · · · · · · · · · · ·
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures	•				· · · · · · · · · · · · · · · · · · ·
e Total exempt purpose expenditures (add li	nes 1c and 1d)	•			
f Lobbying nontaxable amount Enter the ar		a table in both	 		
columns		3			
If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	vable amount is:		7 - 1	······································
Not over \$500,000	20% of the amount or			: 1	
Over \$500,000 but not over \$1,000,000		the excess over \$500,00	 	1	
Over \$1,000,000 but not over \$1,500,000		the excess over \$1,000,0			
Over \$1,500,000 but not over \$17,000,000		the excess over \$1,500,00			
Over \$17,000,000	\$1,000,000	110 CXCC33 04C1 \$1,500,00	<u>~</u>		
g Grassroots nontaxable amount (enter 25%					· · · · · · · · · · · · · · · · · · ·
h Subtract line 1g from line 1a If zero or less	•				
I Subtract line 1f from line 1c. If zero or less	•				
j If there is an amount other than zero on ei	•	id the organization file	Form 4720 reporting		
section 4911 tax for this year?	and the fit of the fit a	id the organization me	1 Onn 4720 reporting		☐Yes ☐ No
					Yes No
		ng Period Under			
(Some organizations th					five
	low. See the inst			,	
Lob	bying Expenditu	res During 4-Yea	r Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
	, .	` '	, , , , , ,	(-,	(5) . 5.4
2a Lobbying non-taxable amount					
b Lobbying ceiling amount	····				
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
Grassroots ceiling amount					
(150% of line 2d, column (e))			‡	,	
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

•	2 400, 400000 manda and annual		1
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year _	2a	
b	Carryover from last year	2b	
С	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		

Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Schedule C (Form 990 or 990-EZ) 2009 Working Families Organization, Inc. 20-4994004

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public

Inspection

► Attach to Form 990. ► See separate instructions.

laitte	or the organization		Employer	r identification number
W	orking Families Organization, Inc.		20-4	994004
	Organizations Maintaining Donor Advised Functions the organization answered "Yes" to Form 990, P			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			······································
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised		
•	funds are the organization's property, subject to the organization's exclus			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	•		[.] .55 []
	used only for charitable purposes and not for the benefit of the donor or d	•		
	purpose conferring impermissible private benefit?	is in a day of the day of the		Yes No
Pa	Int II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990 P	
1	Purpose(s) of conservation easements held by the organization (check al		000, 1 (are ry, milo r.
•	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	rtant land	Laroa
	Protection of natural habitat	Preservation of certified historic stri		i aica
	Preservation of open space	Freservation of Certified historic str	Joure	
•		ation contribution in the form of a concentration		
2	Complete lines 2a through 2d if the organization held a qualified conservation easement on the last day of the tax year	ation contribution in the form of a conservation	וזכ	
	easement on the last day of the tax year		[<u>-</u>	Unid at the Park of the Tay Van
				Held at the End of the Tax Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure include	, ,	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06		2d	
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization o	luring	
	the taxable year ▶			
4	Number of states where property subject to conservation easement is loc	cated •		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	nservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		'' ''
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemer	nts in its revenue and expense statement, ar	nd	
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descri	bes	
	the organization's accounting for conservation easements			
Pa	Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to		nilar As	ssets.
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet w	orks of	
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pub	lic service	е,
	provide, in Part XIV, the text of the footnote to its financial statements that	it describes these items		
þ	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet works	s of art,	
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	ervice,	
	provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		. •	\$
	(ii) Assets included in Form 990, Part X	•		\$
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide	the	
-	following amounts required to be reported under SFAS 116 relating to the			
а	Revenues included in Form 990, Part VIII, line 1		•	\$
h	Assets included in Form 990. Part X		•	s

Sche	dule D (Form 990) 2009 Working Fa	milies Organ	nization,	Inc.	20-49	94004			Pag	e 2
	ort III Organizations Maintaining C						sets (continue		<u></u>
3	Using the organization's acquisition, accession, collection items (check all that apply)									
а	Public exhibition	d 🗍 Loan	or exchange prograi	ms						
b	Scholarly research	e Other	r							
С	Preservation for future generations	<u> </u>								
4	Provide a description of the organization's collect Part XIV	tions and explain how th	ney further the organi	ızatıon's e	xempt purpo:	se in				
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	ceive donations of art, h	istorical treasures, or ne organization's coll	r other sin	nılar			Yes	П	No
Pa	irt IV Escrow and Custodial Arran				swered "	Yes" to Fo	orm 99			
	IV, line 9, or reported an amo	•	~		.0110.00		J 00	0, 1 0.1		
1a	Is the organization an agent, trustee, custodian of			er assets r	not					—
	included on Form 990, Part X?	outer intermediary for	continuations of other	,, 0000101	.01			Yes	111	No
ь	If "Yes," explain the arrangement in Part XIV and	complete the following	table						' نــا	••
-								Amount		_
c	Beginning balance					10	 			_
	Additions during the year					1d				-
	Distributions during the year					1e				-
f						1f				-
	Did the organization include an amount on Form	000 Bod V line 212				[11	L	<u> </u>	Γ~T.	_
	If "Yes," explain the arrangement in Part XIV	990, Part A, line 217						∐ Yes		No
	urt V. Endowment Funds. Comple	te if organization a	newered "Vee" t	o Form	990 Part	IV line 1	0			—
	Lindownient i unus. Comple	(a) Current year	(b) Prior year		years back	(d) Three ye		(a) Faur		
10	Paginning of year halance	(a) Current year	(b) Filol year	(C) 1W	years back	(u) Tillee ye	ars back	(e) Four y	ears ba	EK
la L	Beginning of year balance							ļ		
D	Contributions									
С	Net investment earnings, gains,									
	and losses			<u> </u>				ļ		
	Grants or scholarships			· 						
0	Other expenditures for facilities									
	and programs								·····	
f	Administrative expenses			<u> </u>			,,,			
g	End of year balance							L		
2	Provide the estimated percentage of the year en	d balance held as								
а	Board designated or quasi-endowment	%								
b	Permanent endowment ► %									
С	Term endowment ▶ %									
3a	Are there endowment funds not in the possession	n of the organization tha	it are held and admir	nistered fo	r the			_		
	organization by							\	es N	lo_
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the organization	anization's endowment	funds							
Pa	rt VI Investments—Land, Building	s, and Equipmen	t. See Form 99	0, Part	X, line 10.					_
	Description of investment	(a) Cost or other basis	(b) Cost or o			umulated		(d) Book va	alue	
		(investment)	basis (othe	er)	depre	eciation				
1a	Land									
b	Buildings					·· · · · · · · ·				_
	Leasehold improvements						\top			_
	Equipment						1			_
	Other	····					1			
	I. Add lines 1a through 1e (Column (d) must equa	I Form 990, Part X, colu	mn (B), line 10(c))							

Schedule D (Form 990) 2009 Working Families Organ		20-4994004	Page 3
Part VII Investments—Other Securities. See Form 990		(a) Mathed of all all all	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v.	ralue
Financial derivatives	· · · · · · · · · · · · · · · · · · ·		
Closely-held equity interests	-		
Other			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	D-4 V 1: 40		<u> </u>
Part VIII Investments—Program Related. See Form 990			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market v	nstria
		Cost of the of year market v	
	-		
			
			· · · · · ·
was the Charles and the Control of t			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15.	<u> </u>		
(a) Description		(b)) Book value
(a) Door poor			DOOK VAIGO
	·		 ·
	•		
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	· · · · · · · · · · · · · · · · · · ·		
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	· · · · · · · · · · · · · · · · · · ·		
Part X Other Liabilities. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·		
1 (a) Description of liability	(b) Amount		
Federal income taxes	, ,		
		7	,
		- 	, , ,
	<u> </u>	\dashv	
		-1	·
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organize	ration's financial statemen	ats that reports the	

organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 Working Families Organization				Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to A	Audited	I Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,293,591
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,298,307
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-4,716
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net). Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-4,716
	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	1,293,591
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
a	Net unrealized gains on investments	2a		4 4	
b	Donated services and use of facilities	2b		- 1	
С	Recovenes of prior year grants	2c		4 1	
ď	Other (Describe in Part XIV)	2d		_	
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	1 (3	1,293,591
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV)	4b		.	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,293,591
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per R	eturn	
1	Total expenses and losses per audited financial statements			1	1,298,307
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			1 1	
а	Donated services and use of facilities	2a		_	
þ	Prior year adjustments	2b] / [
С	Other losses	2c		_	
ď	Other (Describe in Part XIV)	2d		_	
е	Add lines 2a through 2d			2ө	
3	Subtract line 2e from line 1			3	1,298,307
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIV)	4b		_	
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		· · · · · · · · · · · · · · · · · · ·	5	1,298,307
Рa	rt XIV Supplemental Information				
and 2	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines art to provide any additional information				
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Sci	nedu	le D	(Fo	rm 9 Su	90)	2009)	W	orl	<u>ki</u> ı	ng	F	am:	<u>ili</u>	Les	3 (rg	jar	1 1 2	zat	iic	n,	.]	nc	<u> </u>	2	0-4	499	94(004	1					Pag	ge 5
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SCHEDULE 1 (Form 990)

Department of the Tressury Internal Revenue Service Name of the organization

Working Families Organization, Inc.

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

2009 Open to Public Inspection OMB No 1545-0047

Employer identification number 20-4994004

Part 1 General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the		ants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and	eligibility for the grants	s or assistance, an	g		
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nce? intoring the use of g	rant funds	in the United States				Yes	8 X
· 🕿	overnments and ecipient that resolved is additional solution of the contract o	d Organi ceived n	and Organizations in the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,0 slace is needed	ited States. Corr Check this box	pplete if the org if no one recipi	ganization ans ient received	wered "Yes" to more than \$5,000. L	Se ▼
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	<u></u>
ACORN 2-4 Nevins St, 2nd Floor Brooklyn NY 11217			35,575				General Support	
								!
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	organizations							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	the Instructions fo	r Form 99	0.				Schedule i (Form 990) 2009	990) 2009

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Schedule I (F	Schedule (Form 990) 2009 WOLKLING FAMILIES OFGANIZACION, INC. 20-4394004 Part III Grants and Other Assistance to Individuals in the United States. Complete if the org Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if addition	United States. Cor onal space is neede	mplete if the organizad.	taction, inc. 20-4394004 the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Additional space is needed.	Page 2 orm 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
ļ						
}						
						,
Part IV	Supplemental Information. Complete this part	omplete this part to p	provide the informat	ion required in Part I,	to provide the information required in Part I, line 2, and any other additional information.	itional information.

SCHEDULE O

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public

Internal Revenue Service
Name of the organization

Working Families Organization, Inc.

Employer identification number 20-4994004

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters Policies are distributed to local chapters, branches and affiliates and ask that they bring any violations to the attention of the board and executive director

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Form 990 is reviewed by the officers

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Policies are distributed to board members and staff and
they are asked to bring any violations to the attention of the board and
the executive directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon Request

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Open to Public Inspection OMB No 1545-0047 2009 Employer identification number (f) Direct controlling (f) Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) A/A 20-4994004 (e)
Public chanty status
(if section 501(c)(3)) (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (d) Exempt Code section (d) Total income 527 Related Organizations and Unrelated Partnerships ▶ See separate instructions. (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) M (b) Pnmary activity (b) Pnmary activity Political Attach to Form 990. Working Families Organization, Inc. 20-0957795 (a)
Name, address, and EIN of related organization Name, address, and EIN of disregarded entity 11217 M Working Families Party 2 Nevins Street, FL 3 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R Brooklyn (Form 990) Part Part ii

Schedule R (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

WORKFAM 11/15/2010 3 47 PM

(J) General or managing	parmer	3		<u> </u>	! ———————————————————————————————————			_		a 0				
, jo			 -					art IV,	£	Percentage ownership				
(i) Code V—UBI amount in box 20 of								orm 990, F	<u> </u>	e of ar assets				
(h) Dispro- portionate	alloc /	3						ss" to Fc	(6)	Share of end-of-year assets				
(g) (h) (i) (i) Share of end-of-year portionate assets portionate amount in box 2						:		on answered "Yeax vear.)	(a)	Share of total income				
(c) (d) Predominant of the day year (f) (e) (h) Predominant of the day when the day with the day and t								a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	(e)	Type of entry (C corp. S corp, or trust)				
Ship during the (e) Predominant Income (related, unrelated, unrelated)	tax under sections							 rust (Complete corporation or t	(p)	Direct controlling entity				
d as a partner (a) Direct controlling entry								rporation or T	(c)	Legal domicile (state or foreign country)				
(c) Legal domicile	foreign country)							ls a Co				 +		
Organizations (b) Primary activity								ins Taxable a elated organi	(q)	Primary activity				
Decause if had one or more related organizations to the control of							·	Identification of Related Organizations Taxable as a Corporation or line 34 because it had one or more related organizations treated as	(a)	Name, address, and EIN of related organization				
Part								Part IV		R				

	Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)
20-4994004	organization ans
Inc.	e if the
orking Families Organization, Inc. 20-4994004	ansactions With Related Organizations (Complete
32	ons Wi
Schedule R (Form 990) 2009	F
Schedule R (F	े£añ V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		<u> </u>	Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		17	-	
a Receipt of (i) interest (ii) annurties (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		1b	_	×
c Gift, grant, or capital contribution from other organization(s)		10	Ë	×
d Loans or loan guarantees to or for other organization(s)		1d		×
e Loans or loan guarantees by other organization(s)	•	16		×
			-	
f Sale of assets to other organization(s)		14	_	×
g Purchase of assets from other organization(s)	,	19	_	×
h Exchange of assets		누		×
i Lease of facilities, equipment, or other assets to other organization(s)		=	 	ĸ
			<u> </u>	
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		¥ :	+	٠ ا
Penormance of services of membership of fundrations by other organization(s)		= ,	+	۷ ,
	•	E	`	اہ
n Sharing of pard employees		t-	7	×
		^	<u> </u>	,
 Reimbursement paid to other organization for expenses 		9	7	×
p Reimbursement paid by other organization for expenses		1 _P	_	×
		, , ,	•	
q Other transfer of cash or property to other organization(s)	•	19	-	ĸ
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2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	thresholds			
(a)	(p)	(2)		
Name of other organization	tion	Amount involved	70	
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(5)				
(9)				
	Schedule R (Form 990) 2009	(Form 9	90) 20	8

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Schedule R (Form 990) 2009 Working Families Organization, Inc. 20-4994004

Part Vi · Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(state or foreign section end-of-year allocations?) anount in box 20 country) 501(c)(3) assets or Grandle K-1 organizations? Yes No Form 1065) Yes No Form 1065)			
			

Working Families Organization - 2009 Donors

1	LEDDONDATE	An	nount	PrimaryName	Address1	CSZ
	1/8/2009	\$	2,000.00	UNITEHERE! Hotel Trades Council	709 8th Avenue	New York, NY 10036
	1/8/2009	\$	2,000.00	UNITEHERE! Hotel Trades Council	709 8th Avenue	New York, NY 10036
	1/20/2009	\$	10,000 00	New York State Trial Lawyers Association, Inc	132 Nassau Street	New York, NY 10038
	1/20/2009	\$	10,000.00	New York State Trial Lawyers Association Inc	132 Nassau Street	New York, NY 10038
	1/28/2009	\$	412.56	DLT Foods, Inc. D-B-A Gershon's	1600 Union Street	Schenectady, NY 12309
	2/6/2009	\$	2,500 00	The International Brotherhood of Boilermakers	753 State Ave, Suite 565	Kansas City, KS 66101
	2/6/2009	\$	100,000 00	SEIU 1199 Hospital League Health Care	330 West 42 Street	New York, NY 10036
	2/9/2009	\$	100,000.00	SEIU 1199	310 West 43rd Street	New York, NY 10036
	2/13/2009	\$	100,000.00	SEIU 1199	310 West 43rd Street	New York, NY 10036
	2/16/2009	\$	3,000.00	BTF	271 Porter Avenue	Buffalo, NY 14201
	2/20/2009	\$	100,000.00	SEIU 1199	310 West 43rd Street	New York, NY 10036
	3/3/2009	\$	413.00	Connecticut Working Families	30 Arbor Street	Hartford, CT 06106
	3/3/2009	\$	14,372.65	Squier Knapp & Dunn Communications, Inc	1818 North Street Nw, Suite 450	•
	3/5/2009	\$		NY Hotel Trades	707 8th Avenue	New York, NY 10036
	3/9/2009	\$	15,000.00	National Popular Vote	1212 S Victory Boulevard	Burbank, CA 91502
	3/18/2009	\$	150,000.00	SEIU 1199	310 West 43rd Street	New York, NY 10036
	4/1/2009	\$	100.00	Locke, Corinne	203 West 94th Street	New York, NY 10025
	4/6/2009	\$	35,000.00	Soros, George		
	4/15/2009	\$		Moskowitz, Larry	420 West 206th Street	New York, NY 10034
	4/15/2009	\$	7,500.00	National Popular Vote	1212 S. Victory Boulevard	Burbank, CA 91502
	5/7/2009	\$		SEIU National	1313 L Street, NW	Washington, DC 20005
	5/11/2009	\$	2,500.00	Universal Health Care Foundation of Connecticut	290 Pratt Street	Meriden, CT 06450
	5/11/2009	\$	5,000 00	American Income Life	1200 Wooded Acres Drive	Waco, TX 76710
	5/18/2009	\$		National Popular Vote	1212 S. Victory Boulevard	Burbank, CA 91502
	5/20/2009	\$	50 00	AFL-CIO Western CT Central Labor Council	· ·	Waterbury, CT 06721
	5/20/2009	\$	50.00	People First PAC	239 Rte 87	Columbia, CT 06237
	5/20/2009	\$		Reynolds, Thomas	47 Bittersweet Drive	Gales Ferry, CT 06335
	5/20/2009	\$		SEIU 1973	907 Wethersfield Avenue	Hartford, CT 06114
	5/20/2009	\$	100.00	AFSCME 714	207C Windgate Circle	Monroe, CT 06468
	5/20/2009	\$	100.00	Bell, Jamey	3 Highledge Road	Canton, CT 06019
	5/20/2009	\$	100.00	Breslin, Dennis	15 Summit Street	Stonington, CT 06378
	5/20/2009	\$	125 00	CWA 1103	345 Westchester Avenue	Port Chester, NY 10573
	5/20/2009	\$	125.00	Fairfield County Labor Council	290 Post Road West	Westport, CT 06881
	5/20/2009	\$		Fishman, Joelle	17 Hobart Street	New Haven, CT 06511
	5/20/2009	\$	125 00	Tercyak, Peter	150 Beiridge Road	New Britain, CT 06053
	5/20/2009	\$	175.00	Lynch, Kevin	80 Barksdale Road	West Hartford, CT 06117
	5/20/2009	\$	200.00	Watkins, Lincoln	172 Elm Street	Stonington, CT 06378
	5/20/2009	\$	250.00	AFL-CIO Greater CT Area	250 Brock Street, Suite B3	North Haven, CT 06473
	5/20/2009	\$	250.00	Connecticut State University	Marcus White Hall	New Britain, CT 06050
	5/20/2009	\$	250.00	UFCW 1500	221-10 Jamaica Avenue	Queens Village, NY 11428
	5/20/2009	\$	250 00	UFCW 400	4301 Garden City Drive, Ste 400	-
	5/20/2009	\$	250.00	United Brotherhood of Carpenters Local 210	427 Stillson Road, Suite 11	Fairfield, CT 06824
	5/20/2009	\$	275.00	American Federation of Teachers Connecticut	35 Marshall Road	Rocky Hill, CT 06067
	5/20/2009	\$	500.00	AFSCME Connecticut Council 4	444 East Main Street	New Britain, CT 06051
	5/20/2009	\$	500.00	Central CT Carpenters Local Union 24	500 Main Street	Wallingford, CT 06492
	5/20/2009	\$	500.00	CT State Bidg Trade Tournament	100 A Old Forge Road	Rocky Hill, CT 06067
	5/20/2009	\$	500.00	International Union of Operation Engineers 478	1965 Dixwell Avenue	Hamden, CT 06514
	5/20/2009	\$	500.00	Livingston, Adler, Pulda, Meiklejohn & Kelly PC	557 Prospect Avenue	Hartford, CT 06105
	5/20/2009	\$	500.00	SEIU - CEUI	110 Randolph Road 1268	Middletown, CT 06457
	5/20/2009	\$	500.00	SEIU 1199 New England Health Care Employees Union	77 Huyshope Avenue	Hartford, CT 06106
	5/20/2009	\$		SEIU 32 BJ	101 Avenue Of The Americas	New York, NY 10013
	5/20/2009	\$		UCFW 371	290 Post Road West 470	Westport, CT 06881
	5/20/2009	\$		UAW Connecticut Sate - Cap Council	111 South Road	Farmington, CT 06032
	5/27/2009	\$	10,000.00	•	25 Louisiana Ave NW	Washington, DC 20001
	6/5/2009	\$	15,000.00		94 Central Avenue	Albany, NY 12206
	6/5/2009	\$		Fadem & Associates	3527 Mt. Diablo Boulevard	Lafayette, CA 94549
	6/22/2009	\$	•	Fadem & Associates	3527 Mt. Diablo Boulevard	Lafayette, CA 94549
	-					, ,

7/27/2009	\$	Adair, Marguerite	1138 Farmington Avenue	West Hartford, CT 06107
7/27/2009	\$	Bajaj, Pradeep	17B Herman Drive	Simsbury, CT 06070
7/27/2009	\$	Kirkley-Bey, Marie	39 Ashley Street	Hartford, CT 06105
7/27/2009	\$	AFL-CIO Greater Hartford Labor Council	77 Huyshope Ave, Suite 210	Hartford, CT 06106
7/27/2009	\$	Connecticut Women's Education & Legal Fund, Inc.	135 Broad Street	Hartford, CT 06105
7/27/2009	\$ 125.00	UAW 2110	256 West 38th Street	New York, NY 10018
7/27/2009	\$ 200.00	AFSCME 1522		,
7/27/2009	\$ 200.00	UFCW 328		,
7/27/2009	\$ 250.00	Petit, Urania	28 Townley Street	Hartford, CT 06105
7/27/2009	\$ 250 00	UAW 571	727!	Groton, CT 06340
7/27/2009	\$ 250.00	UFCW 1459	33 Eastland Street	Springfield, MA 01109
7/27/2009	\$ 500.00	AFL-CIO Connecticut	56 Town Line Road	Rocky Hill, CT 06067
7/27/2009	\$	Augustine, Jason	1473 Bryant Avenue	Bronx, NY 10460
7/27/2009	\$ 500.00	Livingston, Adler, Pulda, Melklejohn & Kelly PC	557 Prospect Avenue	Hartford, CT 06105
7/27/2009	\$ 500.00	UAW 2377	888 Washington Boulevard	Stamford, CT 06901
7/27/2009	\$ 500.00	UFCW 1262	1389 Broad Street	Clifton, NJ 07013
7/27/2009	\$ 500.00	UFCW District Union Local 1	5911 Airport Road	Oriskany, NY 13424
7/27/2009	\$ 500.00	UFCW District Union Local 1	5911 Airport Road	Oriskany, NY 13424
7/27/2009	\$ 500.00	White, Marcus		New Britain, CT 06050
7/27/2009	\$ 1,000.00	UCFW 371	290 Post Road West 470	Westport, CT 06881
7/27/2009	\$ 2,000.00	SEIU 32 BJ	101 Avenue Of The Americas	New York, NY 10013
7/27/2009	\$ 2,500.00	Bysiewicz, Susan	PO Box 722	Rocky Hill, CT 06067
7/27/2009	\$ 2,500.00	CWA District 1	80 Pine Street	New York, NY 10005
7/27/2009	\$ 4,000.00	Himes, Jim	65 High Ridge Road	Stamford, CT 06905
8/3/2009	\$ 100 00	AFL - CIO South Carolina	254 Latonea Drive	Columbia, SC 29210
8/5/2009	\$ 75 0 0	Fasano, Leonard	7 Sycamore Lane	North Haven, CT 06473
8/5/2009	\$ 250 00	SEIU CT State Council	760 Capitol Avenue	Hartford, CT 06106
8/5/2009	\$ 2,500.00	Dodd, Chris	1100 H Street, NW	Washington, DC 20005
8/5/2009	\$ 10,000.00	SEIU International	1800 Massachusetts Ave NW	Washington, DC 20036
9/2/2009	\$ 4.43	Jackson, Jim	12 Case Cırcle	West Simsbury, CT 06092
9/2/2009	\$ 4.43	Kelty, Emma	153 Church Street	Willimantic, CT 06226
9/2/2009	\$ 4.43	Minott, Kelley	8 Lowndes Avenue	Norwalk, CT 06854
9/2/2009	\$ 4.43	Poulin, Edward	80 Maple Avenue	Willimantic, CT 06226
9/2/2009	\$ 4 43	Schleier, Shella	35 Beau Street	Norwalk, CT 06850
9/2/2009	\$ 4.43	Smith, Katherine	184 Gregory Boulevard	Norwalk, CT 06855
9/2/2009	\$ 9.20	Barnes, Roberta .	2 French Street	Danbury, CT 06810
9/2/2009	\$ 9.20	Forand, F	99 North Beacon Street	Hartford, CT 06105
9/2/2009	\$	Pelletier, Arline	100 Divinity Street	Bristol, CT 06010
9/2/2009	\$	Breslin, Dennis	15 Summit Street	Stonington, CT 06378
9/2/2009	\$	Rydingsward, Mary	176 Marcia Drive	Bristol, CT 06010
9/2/2009	\$	Smith, Gabrielle	30 Oxford Street	Hartford, CT 06105
9/2/2009	\$	Kelly, Ann	50 Black Hawk Drive	Cromwell, CT 06416
9/2/2009	\$	Genga, Henry	5 Elaine Drive	East Hartford, CT 06118
9/2/2009	\$ 	Raisz, Helen	118 Waterville Road	Farmington, CT 06032
9/2/2009	\$	Simmons, Louise	120 Beacon Street	Hartford, CT 06105
9/2/2009	\$	Stanback, Anne	44 Wright Drive	Avon, CT 06001
9/2/2009	\$	Corbin, Clarence	199 Branford Street	Hartford, CT 06112
9/2/2009	\$	McCluskey, David	251 Westpoint Terrace	West Hartford, CT 06107
9/2/2009	\$	Steinberg, Brian	269 Oxford Street	Hartford, CT 06105
9/2/2009	\$	Fontana, Stephen	23 Angel Place	North Haven, CT 06473
9/24/2009	\$	National Popular Vote	1212 S. Victory Boulevard	Burbank, CA 91502
10/14/2009	\$	Drug Policy Alliance Network	70 West 36 Street	New York, NY 10018
10/20/2009	\$ · ·	National Popular Vote	1212 S. Victory Boulevard	Burbank, CA 91502
10/22/2009	\$	The New Party	88 3rd Avenue	Brooklyn, NY 11217
10/30/2009	\$	Tides Foundation		San Francisco, CA 94129
11/4/2009	\$	Slovin Foundation	111 East 61st Street	New York, NY 10021
11/20/2009	\$	National Popular Vote	1212 S. Victory Boulevard	Burbank, CA 91502
11/24/2009	\$	UFCW 1500 Change to Win Endomtron	221-10 Jamaica Avenue	Queens Village, NY 11428
12/1/2009	\$ 1,000.00	Change to Win Federation	STE. 900 1900 L Street NW	Washington, DC 20036

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12/7/2009	\$	15.00	Citizen Logistics, LLC	35 Trumbull Road	Nambanana 844 01000
12/7/2009	\$		Sussman, Richard	222 Birchwood Avenue	Northampton, MA 01060
12/7/2009	\$		Weiss, Mark	234 East 19th Street	Nyack, NY 10960
12/7/2009	\$		Union Jobs Clearinghouse, LLC.	122 Calistoga Road	New York, NY 10003
12/7/2009	\$		CWA 1180	6 Harrison Street	Santa Rosa, CA 95409
12/8/2009	\$		Anchin, Block & Anchin LLP		New York, NY 10013
12/17/2009	\$		SEIU 1199 New England Health Care Employees Union	1375 Broadway	New York, NY 10018
12/17/2009	\$		UAW 1596		Hartford, CT 06106
12/17/2009	\$		UCFW 371	960 Turnpike Street	Canton, MA 02021
12/17/2009	\$		AFL-CIO Connecticut	290 Post Road West 470 56 Town Line Road	Westport, CT 06881
12/17/2009	\$		SEIU 511 CT Employees Union Independent		Rocky Hill, CT 06067
12/17/2009	\$		Hannum, Hunter	110 Randolph Road 1268	Middletown, CT 06457
12/22/2009	\$		AFSCME 714	PO Box 190	Old Lyme, CT 06371
12/22/2009	\$		Manus PAC	207C Windgate Circle	Monroe, CT 06468
12/22/2009	\$		New England Leadership PAC	1067 Chinana Aire	, CT
12/22/2009	\$		Administrative & Residual Employees Union 4200	1867 Shippan Ave	Stamford, CT 06902
12/22/2009	\$		Event Brite	705 North Mountain Road	Newington, CT 06111
12/22/2009	\$		Squier Knapp & Dunn Communications, Inc	410 Townsend Street	San Francisco, CA 94107
12/23/2009	\$		Reid, Tern	1818 North Street Nw, Suite 450 101 Hazelmere Rd	
12/23/2009	\$		Hurwitz, Bob	101 Hazelmere ko	, СТ ~
12/23/2009	\$		Livington, Kyle	191 Warrenton Ave	, CT
12/23/2009	\$		Merril, Denise	545 Wormwood Hill Road	West Hartford, CT 06119
12/23/2009	\$		Winston H Heimer Family Trust	799 Prospect Ave	Mansfield Center, CT 06250
12/23/2009	\$		Wolf, Nick	600 Asylum Ave	Hartford, CT 06105
12/23/2009	\$		Russell, James	97 Browns Road	Hartford, CT 06105
12/23/2009	\$		Fisher, Robert	1973 Asylum Ave	Storrs Mansfield, CT 06268
12/23/2009	\$		Garfunkel, Andrew	13/3 ASYIGHI AVE	West Hartford, CT 06117
12/23/2009	\$		Genga, Henry	5 Elaine Drive	East Hartford, CT 06118
12/23/2009	\$		Obrien, Timothy Jr	74 Monroe Street	New Britain, CT 06051
12/23/2009	\$		Petit, Urania	28 Townley Street	Hartford, CT 06105
12/23/2009	\$		Butler, Larry	70 Blackman Rd	Waterbury, CT 06704
12/23/2009	\$		Bye, Elizabeth	99 Outlook Ave	West Hartford, CT 06119
12/23/2009	\$	50.00	Crisco, Joseph	1205 Racebrook Road	Woodbridge, CT 06525
12/23/2009	\$	50 00	Lembo, Kevin	11 Redcoat Lane	Guilford, CT 06437
12/23/2009	\$	50.00	Murray, Christian	118 Marilyn Drive	Glastonbury, CT 06033
12/23/2009	\$	50.00	Noel, Elizabeth	141 Ridgefield Street	Hartford, CT 06112
12/23/2009	\$	50.00	O'Neil, Dennis	124 East Street	Litchfield, CT 06759
12/23/2009	\$		Simmons, Louise	120 Beacon Street	Hartford, CT 06105
12/23/2009	\$		Strahinich, Daniel	930 West Blvd.	Hartford, CT 06105
12/23/2009	\$	50.00	Vargas, Sylvia	141 Douglas Street	Hartford, CT 06114
12/23/2009	\$		Nassi, Josh	43 Girard Ave	Hartford, CT 06105
12/23/2009	\$		Cotto, Robert Jr	12 Park Terrace	Hartford, CT 06106
12/23/2009	\$	100.00	Gerratana, Gregory	674 Lincoln Street	New Britain, CT 06052
12/23/2009	\$	100.00	Lamont, Edward	4 Ashton Drive	Greenwich, CT 06831
12/23/2009	\$	100 00	Sullivan, Timothy	28 Robin Drive	Pleasant Valley, CT 06063
12/23/2009	\$	100 00	Aro Inc Personal Democracy Forum	13 Leroy Street	New York, NY 10014
12/23/2009	\$	250.00	Winterfield, Michael	555 Mountain Road	West Hartford, CT 06117
12/29/2009	\$	25 00	Clapp, Spencer	58 S. Highland St	West Hartford, CT 06119
12/29/2009	\$	100 00	AFL-CIO CT Police & Fire Union	705 North Mount Road	Newington, CT 06111
12/29/2009	\$	100.00	Jarmoc, Stephen	33 School Street	Enfield, CT 06082
12/29/2009	\$	114.09	ClickandPledge com	2200 Kraft Drive, Suite 1175	Blacksburg, VA 24060
12/29/2009	\$		American Federation of Teachers Connecticut	35 Marshall Road	Rocky Hill, CT 06067
12/29/2009	\$		Delauro, Rosa	12 Trumbull Street	New Haven, CT 06511
12/29/2009	\$		Malloy, Dan	76 Progress Drive	Stamford, CT 06902
		,293,576.81			
	\$1,	,293,576.81			

Form **8868**

Application for Extension of Time To File an

(Rev April 2009) Exempt Organization Return						
Department of the Treasury Internal Revenue Service File a separate application for each return.						
If you are fi	ling for an Aut	omatic 3-Month Extension, complete only Part I and check this box			▶ X	
 If you are fi 	ling for an Add	litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)		- =	
		ss you have already been granted an automatic 3-month extension on a previously filed Forr				
Part I,		: 3-Month Extension of Time. Only submit original (no copies needed).				
A corporation re	equired to file F	orm 990-T and requesting an automatic 6-month extension—check this box and complete				
Part I only		,			▶ []	
All other corpor time to file inco		ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extens	ion of			
		nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time				
		v (6 months for a corporation required to file Form 990-T) However, you cannot file Form 886				
		ne additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,				
		solidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part	-	rm		
Type or		electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofit mpt Organization				
print	Nume of Exe	The Organization	Employ	rer identi	fication number	
File by the due date for		g Families Organization, Inc.	20-4	9940	04	
filing your return See		et, and room or suite no If a P O box, see instructions ns Street, 3rd Floor				
nstructions		post office, state, and ZIP code. For a foreign address, see instructions			· · · · · · · · · · · · · · · · · · ·	
	Brookl					
	return to be f	led (file a separate application for each return)				
X Form 990)	Form 990-T (corporation)			Form 4720	
Form 990)-BL	Form 990-T (sec 401(a) or 408(a) trust)			Form 5227	
Form 990)-EZ	Form 990-T (trust other than above)			Form 6069	
Form 990)-PF	Form 1041-A		\vdash	Form 8870	
						
The books	are in the care	of > Corinne Locke				
Tolonhono	No N 719	B-222-5718 FAX No ▶				
•						
		of have an office or place of business in the United States, check this box			▶ [_]	
		· · · · · · · · · · · · · · · · · · ·	f this is			
for the whole gr	• •		tach			
		of all members the extension will cover.				
		I-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above. The extension is				
	ganızatıon's re					
▶ 🗓 c	alendar year	2009 or				
▶ □ t	ax year beginn	ing , and ending				
2 If this tax	year is for less	than 12 months, check reason Initial return Final return Change in	account	ting perior	i	
3a If this app	lication is for F	orm 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,				
		credits See instructions	3a	\$		
		orm 990-PF or 990-T, enter any refundable credits and estimated tax	١			
		e any prior year overpayment allowed as a credit line 3b from line 3a Include your payment with this form, or, if required,	3b	\$		
		n or, if required, by using EFTPS (Electronic Federal Tax Payment	1			
· -	See instruction		,,	١.		
		ake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E	<u> </u>	\$		
for payment ins	• •	and an electronic tand midiatamal midi tilis i ollil 0000, 566 FUIII 0435-EO dill FOIIII 00/5-E	•			
		ork Reduction Act Notice, see Instructions		For	m 8868 (Rev. 4-2009)	

Form **8868**

Application for Extension of Time To File an

(Rev April 2009) Exempt Organization Return							
Department of the Treasury Internal Revenue Service File a separate application for each return.							
 If you are f 	iling for an Aut	omatic 3-Month Extension, complete only Part I and check this box	·			T	
		litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)				
Do not compl	ete Part II unic	ss you have already been granted an automatic 3-month extension on a previously filed For	m 8868	_			
Part I.	Automatic	3-Month Extension of Time. Only submit original (no copies needed)					
A corporation r	equired to file I	Form 990-T and requesting an automatic 6-month extension—check this box and complete					
Part I only)	▶ □	
	rations (includii me tax returns	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exten	sion of				
Electronic Fili	ng (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of tir	ne to file				
		v (6 months for a corporation required to file Form 990-T) However, you cannot file Form 88					
		ne additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,					
		isolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part		m			
B868 For more	details on the	electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofi	s				
Type or	Name of Exe	mpt Organization	Employ	er identi	fication number	er	
print File by the	Workin	g Families Organization, Inc.	20-4	9940	04		
due date for iling your		et, and room or suite no. If a P.O. box, see instructions					
eturn See		ns Street, 3rd Floor					
nstructions	Brook1	post office, state, and ZIP code. For a foreign address, see instructions Yn. NY 11217					
Check type of	return to be f	led (file a separate application for each return)					
Form 99	D	Form 990-T (corporation)		_ [] ı	Form 4720		
Form 99	0-BL	Form 990-T (sec 401(a) or 408(a) trust)		_ [] i	Form 5227		
Form 99	0-EZ	Form 990-T (trust other than above)			Form 6069		
Form 99	0-PF	Form 1041-A		i	Form 8870		
Telephone If the organ If this is for for the whole go a list with the n	nization does n a Group Retui roup, check thi ames and EINs	FAX No thave an office or place of business in the United States, check this box in, enter the organization's four digit Group Exemption Number (GEN) s box If it is for part of the group, check this box and a of all members the extension will cover	If this is ttach		•	· 🗆	
1 i request	an automatic 3	3-month (6 months for a corporation required to file Form 990-T) extension of time					
until		, to file the exempt organization return for the organization named above. The extension is					
	ganızatıon's re						
	calendar year	or					
P ['	ax year beginr	ing , and ending					
2 If this tax	year is for les	s than 12 months, check reason Initial return Final return Change	n account	ing period	d		
3a If this ap	plication is for I	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
less any	nonrefundable	credits See instructions	3a	\$			
		Form 990-PF or 990-T, enter any refundable credits and estimated tax					
•		e any prior year overpayment allowed as a credit	3b	\$			
		line 3b from line 3a Include your payment with this form, or, if required,	1.				
-		n or, if required, by using EFTPS (Electronic Federal Tax Payment					
	See instruction		3c	\$	·		
Caution, II you for payment ins		lake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E	.U				
					0000		

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Re	v 4-2009)			Page 2
If you are f	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			▶ X
Note. Only con	nplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form	8868		_
If you are f	ling for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies	needed).	
Type or	Name of Exempt Organization	Employ	er identification n	umber
print				
File by the	Working Families Organization, Inc.	20-4	994004	
extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS	use only	
filing the	2 Nevins Street, 3rd Floor			
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	,	,	
instructions	Brooklyn NY 11217			<u> </u>
	return to be filed (File a separate application for each return)			
X Form 990	Form 990-PF		Form 606	39
Form 99	D-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		Form 88	70
Form 99				
	complete Part II if you were not already granted an automatic 3-month extension on a previously f	iled Form	3868.	
 The books 	are in the care of Corinne Locke			
Telephone				_
	ization 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)	his is		
for the whole g	roup, check this box If it is for part of the group, check this box	and attach	a	
	nes and EINs of all members the extension is for			
4 I request	an additional 3-month extension of time until 11/15/10			
5 For caler	idar year 2009, or other tax year beginning, and ending, and ending	•		
6 If this tax	year is for less than 12 months, check reason Initial return Final return Change	ın account	ng period	
	letail why you need the extension			
Addi	tional time is needed to gather information suffic	ient t	o prepare	an
accu	rate tax return.			
			<u> </u>	
8a If this app	olication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
less any	nonrefundable credits. See instructions	8a	\$	
b If this ap	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
estimate	d tax payments made. Include any prior year overpayment allowed as a credit and any			
amount p	oald previously with Form 8868	8b	\$	
c Balance	Due Subtract line 8b from line 8a 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	8c	\$	
	Signature and Verification			
Under penalties o it is true, correct,	f penury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of n and complete, and that I am authorized to prepare this form	ny knowledge	and belief,	
Signature >	Title ▶		Date > 11	/15/10
			Form 8868 (F	<u>`</u>