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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For the	2010 calendar year, or tax year beginning and	ending	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	THE NATIONAL RIGHT TO WORK COMMITTEE			
Ē	Name change			51-014	7724
Ē	Initial return		Room/suite	E Telephone numbe	
Ē	Termin	·	500	-	21-9820
	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	15,228,126.
	Applic	SPRINGFIELD, VA 22160		H(a) is this a group re	eturn
	pendir	F Name and address of principal officer:MARK A. MIX		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates ind	luded? Yes No
1	Tax-exe	empt status:	or 527	1 ' '	list. (see instructions)
J	Websit	e: WWW, NRTWC, ORG		H(c) Group exemptio	·
K	Form of	organization: x Corporation Trust Association Other ▶	L Year	of formation: 1975	A State of legal domicile: VA
P	art	Summary			
	1	Briefly describe the organization's mission or most significant activities: OPPOSE	COMPULSO	RY UNIONISM AND	
Activities & Governance		SUPPORT THE RIGHT OF ALL PEOPLE TO OBTAIN AND HOLD A JOB WIT	HOUT		
Ž	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	14
9	4	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	12
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		. 5	676
Nië	6	Total number of volunteers (estimate if necessary)		6	0
¥	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. <mark>7a</mark>	753,647.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	ļ	13,005,894.	14,062,337.
Revenue	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.
æ	10	Investment income (Part VIII, column (A), Inas-3,-4, and 7d)	<u> </u>	106,680.	155,807.
	111	Other revenue (Part VIII) (Purm (A), Vines 5, Bd, 8c, 9c, 10c, and 11e)	 	882,081.	753,647.
		Total revenue - add lines ethrough 11 (must equal Part VIII, column (A), line 12)		13,994,655.	14,971,791.
		Grants and similar amounts paid (Part IX, column(2), lines 1-3)	322,431.	1,283,100.	
_	I	Benefits paid to part members (Ran) X/column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,550,105.	4,692,164.
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		1,330,103.	0.
5	. 102	Total fundraising expenses (Randy-column (D), line 25)	436.		
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3.63	5,955,868.	9,613,164.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	 	10,828,404.	15,588,428.
	1	Revenue less expenses. Subtract line 18 from line 12	-	3,166,251.	<616,637.:
, o			Be	ginning of Current Year	End of Year
(3)	20	Total assets (Part X, line 16)		7,215,718.	7,081,216.
	21	Total liabilities (Part X, line 26)		693,906.	808,052.
36		Net assets or fund balances. Subtract line 21 from line 20		6,521,812.	6,273,164.
		Signature Block			
		ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
		t, and complete. Declaration of preparer to the than officer) is based on all information of w	hich preparei	has any knowledge.	<u>' </u>
ս	5	Theart & Tental			12/2011
Şig	gn	Signature of officer		Date	•
Щe	Ke	MARK A. MIX, PRESIDENT			
Ŧ	<u> </u>	Type or print name and title		Total Total	TT SYN
Pa		Print/Type preparer's name Preparer's sygnature	[]	Date Check Lift self-semploy	PTIN
		DAVID L. JOHNSON QUAL THE	-	Sell employs	ed
	eparer • Ook	Firm's name DIXON HUGHES GOODMAN LLP		Firm's EIN	
US	e Only	Firm's address 1430 SPRING HILL ROAD, STE 300		Dha 74	3 070 0400
	Al 14	MCLEAN, VA 22102-3018		Phone no. 70	03-970-0400
Ma	<u>ıy the li</u>	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2010)

Form	990 (2010) THE NATIONAL RIGHT TO WORK COMMITTEE	51-014772	4 Pa	ige 2
Pai	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			х
1	Briefly describe the organization's mission:			
	THE COMMITTEE IS A NONPROFIT, TAX-EXEMPT, EDUCATIONAL-LOBBYING			
	ORGANIZATION OPPOSING COMPULSORY UNIONISM IN ALL ITS FORMS AND			
	SUPPORTING THE RIGHT OF ALL PEOPLE TO OBTAIN AND HOLD A JOB WITHOUT			
	BEING FORCED TO JOIN A LABOR UNION OR PAY COMPULSORY UNION DUES. THE			
2	Did the organization undertake any significant program services during the year which were not listed on			
_	the prior Form 990 or 990-EZ?		Yes X	No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X	No
•	If "Yes," describe these changes on Schedule O.			.,,,
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	enses		
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g			
	· · · · · · · · · · · · · · · · · · ·	nants and		
4-	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 13,133,512. including grants of \$ 1,283,100.) (Revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$13,133,512. including grants of \$1,283,100.) (Reverse Committee Conducts an Educational-Lobbying Program on a State and	venue a		— '
	NATIONAL LEVEL TO OPPOSE COMPULSORY UNIONISM. AMONG OTHER OBJECTIVES, THE COMMITTEE STRIVES TO PROTECT THE EXISTING 22 STATE RIGHT TO WORK		· ·	
	LAWS AND THE FEDERAL EMPLOYEES' RIGHT TO WORK LAW, AS WELL AS TO			
	ENCOURAGE OTHER STATES AND THE FEDERAL GOVERNMENT TO ADOPT RIGHT TO			
	WORK LAWS PROTECTING ALL WORKERS AFFECTED BY COMPULSORY UNIONISM. ITS			
	ULTIMATE GOAL IS TO ELIMINATE COMPULSORY UNIONISM.			
			·	
			-	
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
		 		
			····	
		_		
			-	
4c	(Code.) (Expenses \$ including grants of \$) (Re	venue \$		<u> </u>
				—′
	· · · · · · · · · · · · · · · · · · ·			
				
			<u> </u>	
				
4d	,			
	(Expenses \$ including grants of \$) (Revenue \$)		
<u>4e</u>	Total program service expenses ► 13,133,512.			
			Form 990 (2	2010)

Part IV 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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	İ		i
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u> </u>
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	•	 	
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	٠,		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ļ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ŀ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets 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	11d	<u> </u>	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	├	 ^-
f	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 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	<u> </u>
124	Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		-	
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		ŀ	ł
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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	4.0		x
40	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? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	x
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		 	
J	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990 (2010)
				. ,

Part IV Checklist of Required Schedules (continued)

			res	MO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	 		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	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	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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	l		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
A	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	250		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1	. 4	٠ + -
	instructions for applicable filing thresholds, conditions, and exceptions):	2	ione (c	والمراجع الأسا
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	_	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			x
22		32		_
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		x
34	Was the organization related to any tax-exempt or taxable entity?	33		
•	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)?	35	х	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	х	
		Form	990 (2	2010)

x

Form 990 (2010) THE NATIONAL RIGHT TO WORK COMMITTEE 51-0147724 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			2.				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			-				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			<u> </u>				
	(gambling) winnings to prize winners?	1c		<u> </u>				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.					
	filed for the calendar year ending with or within the year covered by this return 2a 676							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	* #						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	<u> </u>				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country: ►							
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>				
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	Х	<u> </u>				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?	6b	х	<u> </u>				
7	Organizations that may receive deductible contributions under section 170(c).	ش.سه		لســـا				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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?	70						
a	If "Yes," indicate the number of Forms 8282 filed during the year	7c		$\vdash \lnot$				
d e		7e	l	J				
	, , , , , , , , , , , , , , , , , , , ,							
g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			.22				
-	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	With some case.					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter	٠	14.2	al a specific be				
а	Initiation fees and capital contributions included on Part VIII, line 12		<u>_</u>					
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:	1,5	×					
а	Gross income from members or shareholders	· -	ix t					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	3	*					
	amounts due or received from them.)		<u>,</u> * .	**				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			e «-				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			الـــــــا				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>				
	Note. See the instructions for additional information the organization must report on Schedule O.			3 7				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	٠. ا	', , , (1				
	organization is licensed to issue qualified health plans	ı.	2 *'					
	Enter the amount of reserves on hand		*	 				
14a		14a		X				
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2010)				

032005 12-21-10

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

_	Check if Schedule O contains a response to any question in this Part VI						х
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14	-	12	120
b	Enter the number of voting members included in line 1a, above, who are independent	1b		12		17 -	7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		<u>.</u>		
_	officer, director, trustee, or key employee?			- -	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	he direc	t supervision	-			
_	of officers, directors or trustees, or key employees to a management company or other person?			⊢	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form		s filed?	⊢	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	•	⊢	5		x
6	Does the organization have members or stockholders?		- £ 41	- -	6		
/a	Does the organization have members, stockholders, or other persons who may elect one or more members backets.	embers	or the				x
h	governing body? _ Are any decisions of the governing body subject to approval by members, stockholders, or other pe			- ⊢	7a 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaker		the year	⊢	76	ş.	<u> </u>
Ü	by the following:	r during	tile year		. 3		
а	The governing body?			-	8a	×	
	Each committee with authority to act on behalf of the governing body?			<u> </u>	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	nt the	上	~		
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	40,,04			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code.)				
			·			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		х
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapte	ers, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?			Ŀ	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before $\frac{1}{2}$	filing the	e form?	_	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				لدث		i
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			Ļ	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld give	rise	- 1			
	to conflicts?		-	·	12b		Х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe	- 1			
40	In Schedule O how this is done		•		12c		X
13	Does the organization have a written whistleblower policy?			⊢	13	×	Α
14	Does the organization have a written document retention and destruction policy?	حديدا لمر	domondom	⊢	14	. `	
15	Did the process for determining compensation of the following persons include a review and approximately persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	dependent				*
а	The organization's CEO, Executive Director, or top management official	•			15a	ra šeli.	استنده X
	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)				JN 1	4 12	表为
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement w	nth a	>		4	
	taxable entity during the year?				16a	.تسميف	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evi	aluate it	s participation	<i>y</i>		, ~, x, ,	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganizatio	on's	ž	\$10 \$ \frac{1}{2} \tag{2}	4 ° ,72~	~
	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 MY, SC, PA, FL, KY, NC, U	JT					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501(d	c)(3)s only) availa	able fo	or		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request		_				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict	of interest policy	y, and	i fina	ncıal	
•	statements available to the public.				_		
20	State the name, physical address, and telephone number of the person who possesses the books a THE NATIONAL RIGHT TO WORK COMMITTEE - 703-321-9820	and reco	ords of the organ	nızatio	on: 🕨	·	
	8001 BRADDOCK ROAD, SUITE 500, SPRINGFIELD, VA 22160						
					Form	990 /	2010)

032006 12-21-10

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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)	Į į			C)	<u>pc</u>		(D)	(E)	(F)
Name and Title	Average hours per		heck	Pos	ition		ıly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	, -	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MARK A. MIX										
DIR/PRESIDENT	30.00	х		Х		_	ļ	92,679.	22,306.	37,323.
REED E. LARSON		ł			ĺ					
DIRECTOR	10.00	Х					L	26,875.	0.	28,099.
JAMES M. BAIRD, JR.		1					ĺ			
DIRECTOR	0.40	х		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
MORTON C. BLACKWELL	1	1								
DIRECTOR	1.00	Х	<u> </u>					0.	0.	0.
SANDRA CRANDALL		ł								
DIRECTOR	1.00	х	<u> </u>		L			0.	0.	0.
R. R. EBBING										
DIRECTOR	1.00	Х						0.	0.	0.
CORNELL W. GETHMANN			ł							
DIRECTOR/VICE CHAIR	1.00	x		Х			L	0.	0.	0.
GREG HAGENSTON	1		İ							
DIRECTOR	0.40	x	İ					0.	0.	0.
ERIK J. HANSON			İ	İ						
DIRECTOR	1.00	х						0.	0.	0.
FRANKLIN A. PARTIN, JR.			1							
DIRECTOR	0.40	х						0.	0.	0.
CHARLES R. SERIO	.									
DIRECTOR/CHAIRMAN	1.00	х	<u>L</u>	х				0.	0.	0.
R. BRUCE SIMPSON										
DIRECTOR	0.40	х		<u> </u>				0.	0.	0.
L. A. VERNON										
DIRECTOR	0.40	х		}				0.	0.	0.
MICHAEL FLEMING										
DIRECTOR	0.40	х	L.					0.	0.	0.
GUY SHORT										
DIRECTOR	0.40	х				L		0.	0.	0.
ANNE M. COULTER										
SECRETARY	40.00	L	L	х			l .	83,511.	0.	9,923.
STEPHEN O. GOODRICK										
VICE PRESIDENT	37.50	L	L	х				20,200.	0.	39,482.
02007 10 21 10										Form 990 (2010)

032007 12-21-10

Form 990 (2010)

Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mple	oyee	es, a	ind l	High	est	Compensated Employ	rees (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	١.			sition			Reportable	Reportable		stimate	
	hours per week	<u> (c</u>	neci	(all	tnat	app	iy)	compensation	compensation		nount	
	(describe	흥						from the	from related organizations	1	other	
	hours for	direc				ᇤ			(W-2/1099-MISC)		pensa om th	
	related	stee o	ustee			ensal		(W-2/1099-MISC)	(** 2, 100000)		anızat	
	organizations	al Er	la t		loyee	E CO		`		an	d relat	ted
	ın Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			orga	anızatı	ons
	0)	트	트	5	1 2	≢등	35	 .		<u> </u>		
MATTHEW M. LEEN												
VP/ASST TREAS	40.00	⊢	├	X	-	-	<u> </u>	125,766.	0	<u> </u>	27	,989.
DOUGLASS A. STAFFORD	40.00							111 554		}	•	F 4.0
VP/TREAS	40.00	\vdash	\vdash	X	├	├	_	111,574.	0	-	22	,548.
	ļ	igdash	<u> </u>	-	_	_	_			-		
		L										
				<u> </u>								
		╁		-	╁		-			-		
		L			_	L						
		Ì										
1b Sub-total			<u>. </u>	٠.	٠.			460,605.	22,306		165	,364.
c Total from continuation sheets to Part V	II, Section A							0.	0	`		0.
d Total (add lines 1b and 1c)						<u> </u>		460,605.	22,306	·L	165	,364.
2 Total number of individuals (including but	not limited to th	nose	e liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 ın reportable			
compensation from the organization												2
_											Yes	No
3 Did the organization list any former officer			e, ke	y er	nplo	yee,	or t	highest compensated er	mployee on		<u>-</u>	لكُينَا
line 1a? If "Yes," complete Schedule J for										3	-	X
4 For any individual listed on line 1a, is the s	-		-						the organization	************	 X	27
and related organizations greater than \$15										4 * 5.5	. *	á ()
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•						eiai	ted organization or indiv	idual for services	5	-4-4	x
Section B. Independent Contractors	ripiete Scriedai	e J .	101 3	ucn	ры	3011			.	<u> </u>		
Complete this table for your five highest complete this table.	nmnensated in	den	ende	ent d	cont	racto	ors i	that received more than	\$100 000 of compen	sation	from	
the organization	ompensated in	GCP	CHA		20110	·uot	515	that received more than	wroo,ooo or compen	Salloit	110111	
(A)								(B)		((
Name and business						- 1	Description of s	services	Compe		ก	
WEBCRAFT, LLC D/B/A VERTIS COMMUNICA	TIONS								1			
P.O. BOX 403217, ATLANTA, GA 30384							PRINTING & MAILING	1	,779	,500.		
SISK MAILING SERVICE, INC., 203 LOG	CANOE											
CIRCLE, STEVENSVILLE, MD 21666								PRINTING & MAILING		895,460.		
MATE AMERICA COMMUNICATIONS												

Form **990** (2010)

Total number of independent contractors (including but not limited to those listed above) who received more than

#101, VIRGINIA BEACH, VA 23462

1174 ELKTON FARM RD., FOREST, VA 24551

P.O. BOX 508, NORTH BRANFORD, CT 06471

TELE-VIDEO PRODUCTIONS, 4768 EUCLID RD.,

\$100,000 in compensation from the organization

NATIONAL GRAPHICS, INC.

PRINTING & MAILING

PRINTING SERVICES

ADVERTISING SERVICES

808,797.

462,922.

439,860.

	rt V		Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
इइ	1 :	а	Federated campaigns	1a			***		
P a	ı	b	Membership dues .	1b					. 4
ame		С	Fundraising events .	1c					
a a		đ	Related organizations	1d					/ *
Contributions, gifts, grants and other similar amounts		е	Government grants (contribut	ions) 1e					
F	•	f	All other contributions, gifts, grant	ts, and			*		*
들			similar amounts not included above	ve 1f	14,062,337.	, , ,	y y		%
55	,	g	Noncash contributions included in lines	1a-1f \$	622.	, , , , , , , , , , , , , , , , , , ,	* 1 * -		,
0 8		h	Total. Add lines 1a-1f		<u> </u>	14,062,337.	* * > * > >		
ı					Business Code	* *	* * * * * * *	·	
9	2	а				<u> </u>			
Program Service Revenue		b							
en S	•	С			<u> </u>				<u></u>
e a		d							
ğ_	•	e							
-		f	All other program service reve	nue	<u></u>		, , , , , , , , , , , , , , , , , , ,		
\rightarrow		9	Total. Add lines 2a-2f						
	3		Investment income (including	dividends, inter	est, and	105 020			405 000
			other similar amounts)			105,239.			105,239.
	4		Income from investment of tax	x-exempt bond (proceeds -	· · · · · · · · · · · · · · · · · · ·	·		
	5		Royalties						
	_			(i) Real	(ii) Personal	,			n - 1
			Gross Rents	31,498		,	.*	, , , , , , , , , , , , , , , , , , , ,	;)
			Less. rental expenses	31,498				, 4, , ,	**
			Rental income or (loss)		·I		**************************************		
			Net rental income or (loss)	(2) Cassimting	T	· · · · · · · · · · · · · · · · · · ·		₩ ?.~ ,	
	•	а	Gross amount from sales of	(i) Securities 275,405	(II) Other		. *	* *	, Sp.
		_	assets other than inventory Less: cost or other basis	273,403	•			*	, ,
		D		224,837		ŧ	* * *	\$ *	,
		_	and sales expenses Gain or (loss)	50,568		,	* , *		
			Net gain or (loss)	00,000	•	50,568.		<u>* </u>	50,568.
ا ـ ا			Gross income from fundraising	n events (not					30,300.
ا <u>چ</u>		_	including \$	of					, 7984
Other Revenue			contributions reported on line		1			*	4
Ę.			Part IV, line 18	а .	, j		* *	* * *	* *
훏		b	Less: direct expenses	. b		*	x*	A	, ≪
္ျ			Net income or (loss) from fund	raising events	•	I	.»		
			Gross income from gaming ac	-			¥ .	* * '	8
			Part IV, line 19	а		*	« »	() ()* * ;	, , ,
		b	Less: direct expenses	b			* *	~	
			Net income or (loss) from gam	ing activities					
			Gross sales of inventory, less	_		×	* ,		
			and allowances	. a	1	* 1			
		b	Less. cost of goods sold	b		*	, ,	* * * *	,
İ			Net income or (loss) from sale	s of inventory					
Ī			Miscellaneous Revenu		Business Code		> *		
[11	а	COST SHARING AND RENTS		900003	831,110.		831,110.	
ļ		b	SUBSIDIARY INVESTMENT		900003	<77,463.	>	<77,463.	>
ŀ		С							
		ď	All other revenue						
		е	Total. Add lines 11a-11d			753,647.		*	
	12		Total revenue. See instructions.			14,971,791.	0.	753,647.	155,807.
03200 12-21)9 -10			-					Form 990 (2010

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			*	
	organizations in the U.S. See Part IV, line 21	1,283,100.	1,283,100.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			<i>*</i> *	
	organizations, and individuals outside the U.S.			* * * *	* *
	See Part IV, lines 15 and 16			x ?	<u> </u>
4	Benefits paid to or for members .			« ,» «	
5	Compensation of current officers, directors,				
	trustees, and key employees	625,968.	411,338.	30,667.	183,963
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 salaries and wages	3,481,272.	2,372,397.	141,846.	967,029
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	172,966.	101,928.	12,447.	58,591
9	Other employee benefits	99,892.	58,866.	7,188.	33,838.
10	Payroll taxes	312,066.	211,364.	16,381.	84,321.
11	Fees for services (non-employees):				
а	Management				
b	Legal .				
С	Accounting .	39,058.		39,058.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			**'-**/	· · · · · · · · · · · · · · · · · · ·
f	Investment management fees	37,596.	21,360.	7,566.	8,670
g	Other				
12	Advertising and promotion	719,501.	715,614.	1,014.	2,873.
13	Office expenses	5,807,171.	5,495,965.	50,479.	260,727
14	Information technology	37,190.	33,335.	709.	3,146.
15	Royalties		<u> </u>		
16	Occupancy	482,096.	385,444.	37,566.	59,086.
17	Travel	432,089.	127,982.	8,030.	296,077.
18	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .	6,000.	5,674.		326
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	48,302.	27,388.	9,750.	11,164,
23	Insurance	61,296.	40,539.	9,290.	11,467
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line	الله الله الله الله الله الله الله الله	* / * /	· * * * ^ -	, , , , , , , ,
	24f amount exceeds 10% of line 25, column (A)	*	, , , ,	> , *	-
	amount, list line 24f expenses on Schedule 0.)	, ,	>	, 4	
а	MAILING SERVICES	934,114.	892,077.		42,037
b	LIST RENTALS	649,872.	628,578.		21,294
С	LEGISLATIVE RESEARCH &	354,409.	317,667.	6,760.	29,982
d	DUES & SUBSCRIPTIONS	4,470.	2,896.	729.	845
е					
f	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24f	15,588,428.	13,133,512.	379,480.	2,075,436
26	Joint costs. Check here 🕨 🗓 if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising			_ [
	solicitation	6,113,352.	5,779,606.	0.	333,746.

032010 12-21-10

Form **990** (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 30,430 49,938. 1 Cash - non-interest-bearing 2,814,414. 1,485,668. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 234,563. 148,257. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets Notes and loans receivable, net Inventories for sale or use 8 295,041. 388,510. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,467,802 basis. Complete Part VI of Schedule D 10a 10b 1,255,350 127,036 10c 212 452. b Less: accumulated depreciation 3,177,811. 4,372,943. 11 11 Investments - publicly traded securities 350,566, 228,016. 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 185,857. 195,432. 15 Other assets. See Part IV, line 11 7,215,718, 7,081,216. 16 Total assets. Add lines 1 through 15 (must equal line 34) 693,906. 808,052. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 693,906 26 Total liabilities. Add lines 17 through 25 26 808,052 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 6,521,812 6,273,164. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 6,521,812, 6,273,164. 33 Total net assets or fund balances 7,215,718. 7,081,216. Total liabilities and net assets/fund balances

Form 990 (2010)

orm	990 (2010) THE NATIONAL RIGHT TO WORK COMMITTEE	51-0147724		Pa	ge 12			
Pa	t'XI Reconciliation of Net Assets				<u></u>			
	Check if Schedule O contains a response to any question in this Part XI				х			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	,971,	791.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,588,				
3	Revenue less expenses. Subtract line 2 from line 1	3		<616				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	,521,	,812.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5		367	,989.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6	,273,	,164.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				<u>ليا</u>			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		100	Yes	No			
2a			2a		x			
b	Were the organization's financial statements audited by an independent accountant?		2b	х				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
d	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a							
	separate basis, consolidated basis, or both:		į.	1				
	Separate basis X Consolidated basis Both consolidated and separate basis		ex t	1 : 4	2 19			

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

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

Form 990 (2010)

За

Act and OMB Circular A-133?

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Section	<u>n 501(c)(4), (5), or (6) organızat</u>	ions: Complete Part III.			
Name of o	rganization			Emp	loyer identification number
		L RIGHT TO WORK COMMITT			51-0147724
Part I-/	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 o	organization.
2 Politi	de a description of the organiz cal expenditures iteer hours	ation's direct and indirect politic	cal campaign activities	in Part IV.	.
Part I-I	Complete if the org	anization is exempt und	der section 501(c))(3).	
		incurred by the organization un		▶ 9	 B
		incurred by organization manag		L	
3 If the	organization incurred a sectio	n 4955 tax, did it file Form 4720) for this year?	_	Yes No
4a Was	a correction made?				Yes No
b If "Ye	es," describe in Part IV.				
Part I-0	C Complete if the org	anization is exempt und	der section 501(c		
1 Enter	the amount directly expended	I by the filing organization for se	ection 527 exempt fund	ction activities	<u> </u>
2 Enter	the amount of the filing organ	zation's funds contributed to o	ther organizations for s	section 527	
exem	pt function activities			▶ \$	
3 Total	exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POI		
line 1				▶ 9	
	he filing organization file Form				Yes No
made conti	e payments. For each organiza ributions received that were pr	nployer identification number (E tion listed, enter the amount pa comptly and directly delivered to additional space is needed, pro	id from the filing organ a separate political or	ization's funds. Also enter t ganization, such as a separ	he amount of political
	(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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2010

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Schedule C (Form 990 or 990-EZ) 2010	THE NATIONAL R	GHT TO WORK COMM	TTEE	51-014	7724 Page 2
Part II-A Complete if the org	anization is exe	mpt under sectio	n 501(c)(3) and fi	led Form 5768	
(election under sec	tion 501(h)).				
A Check F if the filing organiza	tion belongs to an aff	iliated group.			
B Check 🕨 🔲 if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply.		
Limi	ts on Lobbying Expe	nditures	· - ·	(a) Filing	(b) Affiliated group
		unts paid or incurred.))	organization's	totals
· · · · · · · · · · · · · · · · · · ·			•	totals	
1a Total lobbying expenditures to infli	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to infli	uence a legislative bo	dy (dırect lobbyıng)			
c Total lobbying expenditures (add l	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1	d) .			
f Lobbying nontaxable amount. Enter	er the amount from th	e following tab <u>le in bot</u>	h_columns.		
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		mania de la comoción
Not over \$500,000	20% of	the amount on line 1e.		ME , g , and g	
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.	Section 1	
Over \$17,000,000	\$1,000	000.			
•					
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, enter -0-				-
i If there is an amount other than ze	ro on either line 1h or	line 1, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organiz	cations that made a	section 501(h) election	n do not have to com	plete all of the five	
CC	olumns below. See th	e instructions for line	es 2a through 2f on p	age 4.)	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year					
(or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount			F 4 4		
(150% of line 2a, column(e))		1 6 6 6 6 6 6	1 to 1	to the milital	
c Total lobbying expenditures			<u>.</u>		
d Grassroots nontaxable amount	4			, , , , , , , , , , , , , , , , , , , ,	
e Grassroots ceiling amount			و سائد ، المحر		
(150% of line 2d, column (e))	3. 1		,	, ',	
Graceroote lobbuing expanditures	1	1	1	1	İ

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 THE NATIONAL RIGHT TO WORK COMMITTEE 51-0147724 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)).

		(;	a)		(b)
		Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or				rv ×
	local legislation, including any attempt to influence public opinion on a legislative matter		٠.	à .	
	or referendum, through the use of:	<u> </u>			£ 4 ;
	Volunteers?			* * * *	*
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			<u> </u>	** -
С	Media advertisements?		ļ	ļ	
d	Mailings to members, legislators, or the public?		ļ	ļ	
	Publications, or published or broadcast statements?		<u> </u>	-	
	Grants to other organizations for lobbying purposes?		ļ	<u></u>	
_	Direct contact with legislators, their staffs, government officials, or a legislative body?		ļ		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ		
	Other activities? If "Yes," describe in Part IV		<u> </u>		
-	Total. Add lines 1c through 1i	<u> </u>			
	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	, ig 1977 1985	# · ·		
	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? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501/c	(5) or s	ection	*
Pan	501(c)(6).	טוו טטוונט,	na, or s	ection	
	30 T(C)(0).			Yes	No
	Name of the standard to all (000), an energy drops recovered mandadustable by mambara?		1	103	1 x
	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				_
^			1 2		I Y
_			2	<u> </u>	X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	on 501(c	3	ection	X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4		3)(5), or s		х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and		3)(5), or s		х
3 Pari	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."		3)(5), or s ine 3 is a	answere	x
3 Pari	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members	rt III-A, li	3)(5), or s ine 3 is a	answere	х
3 Pari	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	rt III-A, li	3)(5), or sine 3 is a	answere	x
3 Pari	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	rt III-A, li	3)(5), or sine 3 is	answere 1	x ed 3,499,559.
3 Pari 1 2	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	rt III-A, li	3)(5), or s ine 3 is a	answere 1	x
3 Pari 1 2 a b	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	rt III-A, li	3)(5), or s ine 3 is a 1 2a 2b	1 1	x ed 3,499,559, 3,133,512,
Pari	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	rt III-A, li	3)(5), or s ine 3 is a 1 2a 2b 2c	answere 1	x 3,499,559, 3,133,512, 3,133,512,
3 Pari 1 2 a b	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pauryes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	rt III-A, li	3)(5), or s ine 3 is a 1 2a 2b	answere 1	x ed 3,499,559, 3,133,512,
Pari	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pauryes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162(e) are section 162(e) dues.	rt III-A, li	3 (5), or sine 3 is a 2a 2b 2c 3	answere 1	x 3,499,559, 3,133,512, 3,133,512,
Pari	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	rt III-A, li	3)(5), or sine 3 is a 2a 2b 2c 3	answere 1	x 3,499,559, 3,133,512, 3,133,512,
1 2 a b c 3 4	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pauryes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162(e) are section 162(e) dues.	rt III-A, li	3 (5), or sine 3 is a 2a 2b 2c 3	answere 1	x 3,499,559, 3,133,512, 3,133,512,

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.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

Employer identification number

THE NATIONAL RIGHT TO WORK COMMITTEE 51-0147724 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

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

Schedule D (Form 990) 2010

b Assets included in Form 990, Part X

		AL RIGHT TO WORK						51-01477			ge 2
Par	t-III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Oth	er Simil	ar Asse	ts (cont	nued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following tha	at are a s	significant	use of its	collection	n items	3
	(check all that apply):										
а	Public exhibition	d	ı 🔲 ı	oan or exc	hange progr	ams					
b	Scholarly research	е	. 🗆	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ev further t	he organizat	on's exe	empt purp	ose in Par	t XIV.		
	During the year, did the organization solicit of										
•	to be sold to raise funds rather than to be m		•		· ·				Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" to	Form 990	Part IV			
	reported an amount on Form 990, Pa		0.0 // 1.10	o, garnzano	.,	, 00 (0		,, ,, ,			
12	Is the organization an agent, trustee, custod		diary for i	contribution	s or other as	sets not	t included				
	on Form 990, Part X?		alary lor	3011111301101	0 0 00 00	30010 110	· inoladod		Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able:				_	J 163		140
U	ii res, explain the analigement in Fatt XIV	and complete the it	mowning t	abic.					Amount		
_	Danisa balanca								Amoun	•	—
	Beginning balance	•					1c				—
	Additions during the year	•		••			1d				—
	Distributions during the year						1e				—
	Ending balance			•			1f		1		
	Did the organization include an amount on F		217		•				」Yes	بــا	No
	b If "Yes," explain the arrangement in Part XIV. Part V \(^\) Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
<u>"Par</u>	t v Endowment Funds. Complete		T .								
		(a) Current year	(b) P	rior year	(c) Two yea		(d) Three y		(e) Four		
1a	Beginning of year balance		<u> </u>					" ## #		· · ·	- 84
b											
С	Net investment earnings, gains, and losses							, mar 45	'r -		
d	Grants or scholarships						2 4	at it	* _x -	* , ,	
е	Other expenditures for facilities						'w 4', '9	w la		×2.12	_ i=
	and programs								The system of	, x &	
f	Administrative expenses	ninistrative expenses									
g	End of year balance										
2	2 Provide the estimated percentage of the year end balance held as:										
а	Board designated or quasi-endowment		_%								
ъ	Permanent endowment ▶	%									
С	Term endowment	%									
3a	Are there endowment funds not in the posse	- ession of the organiz	ation tha	it are held a	nd administe	ered for t	the organi	zation			
	by.	•					_		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations	•							3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	lule R?					3b		
4	Describe in Part XIV the intended uses of the										
	t VI. Land, Buildings, and Equipm				-			-			
	Description of investment	(a) Cost or o			or other	(c) A	ccumulate	ed	(d) Bool	c value	
	2 300 April of Invodution	basis (investi			(other)		preciation		,_, 500		
10	Land	, , , , , , , , , , , , , , , , , , , ,			·'						
	Buildings			<u> </u>		** *	* 4.797				
	Leasehold improvements	<u> </u>			448,007.		436	870.		11	137.
	•				214,996.	 -		798.			198.
	Equipment Other	•			804,799.			682.		188	
ਦ	Outer .	ı			,,,,,,,,	1	,	•		,	•

Schedule D (Form 990) 2010

212,452.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 1:	2		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat ost or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	_			
(G)				
(H)		<u> </u>		
()		, ,		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	<u> </u>	
Part VIII Investments - Program Related. S	ee Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value	С	(c) Method of valuat ost or end-of-year mark	
(1)				
(2)				
(3)				
(4)			·····	
(5)				
(6)				
		_		
(8)				
(9)				
(10)				. 3' %***
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part X Other Assets. See Form 990, Part X, line	15	,**; **;	, v v	
	Description		—————	(b) Book value
	Description			(b) book value
<u>(1)</u> (2)				
(3)				· -
(4)				·
(5)			-	
(6)				
(7)				
(8)				
(9)		·		
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)			
Part X Other Liabilities. See Form 990, Part X,		·-·		
1. (a) Description of liability		(b) Amount	· 4 4	
(1) Federal income taxes				
(2)			-	4
(3)			1 .	,
			1	* * *
(5)			1	,
(6)		- -	7	* * *
(7)			1	, ,
(8)			1 *	*
(9)		·	7 ' ' ' ' '	3
(10)		<u> </u>	1 . ;	* *
(11)			7	* * * *
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740)	25)		7.	ş × 3°
FIN 48 (ASC 740) FOOTHOTE IN PART XIV, provide the text of the foothote to 2. FIN 48 (ASC 740)	o the organization s financial stater	ments that reports the orga	inization's liability for uncertain	tax positions under

INVESTMENT IN LIBERTY AND REIMBURSEMENTS FROM COST SHARING AND SPECIFIC

USAGE OF SPACE AND EQUIPMENT RECEIVED FROM LIBERTY AS UNRELATED BUSINESS

INCOME. THE COMMITTEE HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 THE NATIONAL RIGHT TO WORK COMMITTEE	51-0147724	Page 5
Part XIV Supplemental Information (continued)		
UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2010. YEARS		
ENDING ON OR AFTER DECEMBER 31, 2007 REMAIN SUBJECT TO EXAMINATION BY		
FEDERAL AND STATE TAX AUTHORITIES.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
OPERATING REVENUE OF WHOLLY-OWNED FOR-PROFIT SUBSIDIARY 1,899,938.	·	·
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
INVESTMENT IN WHOLLY-OWNED FOR-PROFIT SUBSIDIARY -77,463.		
RENTS AND COST-SHARING FROM WHOLLY-OWNED FOR-PROFIT		
SUBSIDIARY 831,110.		 -
TOTAL TO SCHEDULE D, PART XII, LINE 4B 753,647.		
		
PART XIII, LINE 2D - OTHER ADJUSTMENTS:		
OPERATING EXPENSES OF WHOLLY-OWNED FOR-PROFIT SUBSIDIARY 1,977,401.		
PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
RENTS AND COST-SHARING FROM WHOLLY-OWNED FOR-PROFIT		
SUBSIDIARY 831,110.		···-
		<u>.</u>
		
		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

2010 2010

1400-0401 0410	2010	္တဲ့ Open to Public ဆို္င္တဲ့ Inspection ႏွ
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2 [] Employer identification number (h) Purpose of grant or assistance 51-0147724 X Yes SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) 0 。 0 ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 679,000. 217,600. 102,500 266,000 (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. THE NATIONAL RIGHT TO WORK COMMITTEE 501(C)(4) 501(C)(4) 501(C)(4) 501(C)(4) Enter total number of section 501(c)(3) and government organizations 42-6094532 81-0370551 02-0334307 54-1935622 Part 🎼 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization NEW ENGLAND CITIZENS FOR RIGHT TO COMMITTEE - 6137 CRAWFORDSVILLE MONTANA CITIZENS FOR RIGHT TO WORK, INC. - P.O. BOX 4076 -WORK, INC. - P.O. BOX 1475 CONSERVATIVE ACTION LEAGUE ROAD - SPEEDWAY, IN 46224 MID-AMERICA RIGHT TO WORK or government SPRINGFIELD, VA 22151 Name of the organization CONCORD, NH 03302 HELENA, MT 59624 P.O. BOX 1082 Part II

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (book, FMV, appraisal, other) I (Form 990) (2010) THE NATIONAL RIGHT TO WORK COMMITTEE

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 26 (c) Amount of cash grant SCHEDULE I, PART I, LINE 2: GENERAL SUPPORT CONTRIBUTIONS TO RECOGNIZED (b) Number of recipients 501(C)(4) ORGANIZATIONS ARE NOT SUBJECT TO MONITORING. (a) Type of grant or assistance 032102 01-13-11 Part IV

Page 2

51-0147724

Schedule I (Form 990) (2010)

Part III

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number 51-0147724

OMB No 1545-0047

THE NATIONAL RIGHT TO WORK COMMITTEE

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			,
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			·
	First-class or charter travel Housing allowance or residence for personal use	Ях		3 1
	Travel for companions Payments for business use of personal residence	>		1 ()
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		*	* 1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	ļ		
		•		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		_
				, ,
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		٠.	
	CEO/Executive Director. Check all that apply.	٠,٠	self	
	Compensation committee Written employment contract	,	* ¹	
	Independent compensation consultant		. % ~	1
	Form 990 of other organizations Approval by the board or compensation committee		^ ŠķāĀ	5
			- 🕬	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			* · ·
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		. 24	30,
			a . Wall	1
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		1	/ 1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		\$ 1	-
	contingent on the revenues of:		~	
а	The organization?	5a		Х
þ	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		Ĺ	* 1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	* ×	. 6152	
	contingent on the net earnings of.			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.		 	
7			1	
	not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

51-0147724

Part il Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(D)-()(B)	reported in prior Form 990 or Form 990-EZ
	€	92,679.	0	0	7,857.	27,028.	127,564.	0.
1 MARK A. MIX	: 🖹		0		1,369.	2,231.	25,906.	0.
	ε	1	0		10,036.	19,404.	155,206.	0.
2 MATTHEW M. LEEN	E	0	0.	0.	0.	0.	0	0.
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	(I)							
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				o o			Schedul	Schedule J (Form 990) 2010

SCHEDULE 0

Internal Revenue Service

(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 Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection ...

Employer identification number

Name of the organization

THE NATIONAL RIGHT TO WORK COMMITTEE	51-0147724
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
BEING FORCED TO JOIN A LABOR UNION OR TO PAY COMPULSORY UNION DUES.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
COMMITTEE SUPPORTS THE PROTECTION AND ENACTMENT OF STATE RIGHT TO WORK	
LAWS UNTIL THE FEDERAL SANCTION FOR COMPULSORY UNIONISM IS ELIMINATED.	
FORM 990, PART V, LINE 3B: FORM 990-T WILL BE FILED LATER UNDER AN	
APPROVED EXTENSION OF TIME.	
FORM 990, PART VI, SECTION A, LINE 2:	
REED LARSON AND MARK MIX (BUSINESS RELATIONSHIP);	
REED LARSON AND CHARLES SERIO (BUSINESS RELATIONSHIP);	
MARK MIX, CHARLES SERIO, CORNELL GETHMANN, MORTON BLACKWELL, SANDRA	
CRANDALL, ERIK HANSON, BRUCE SIMPSON, AND ANNE COULTER (BUSINESS	
RELATIONSHIP).	
FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT, WHO IS ALSO A BOARD	
AND EXECUTIVE COMMITTEE MEMBER, REVIEWS FORM 990 AS PREPARED BY THE	
COMMITTEE'S OUTSIDE CPAS IN CONSULTATION WITH THE DIRECTOR OF ACCOUNTING	
AND CORPORATE COUNSEL. FORM 990 IS FILED AFTER THE PRESIDENT GIVES HIS	
Privat approvat	

FORM 990, PART VI. SECTION C, LINE 19: THE COMMITTEE MAKES ITS AUDITED

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

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

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-Ez) (2010) Name of the organization	Employer identification number
THE NATIONAL RIGHT TO WORK COMMITTEE	51-0147724
IF AND TO THE EXTENT LEGALLY REQUIRED TO DO SO.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	- <u>-</u>
NET UNREALIZED GAINS ON INVESTMENTS: 367,989.	
FORM 990, PART VI, SECTION A, LINE 1A	
PER ITS BYLAWS, THE COMMITTEE HAS AN EXECUTIVE COMMITTEE (EC) COMPOSED	
OF THE CHAIRMAN AND VICE CHAIRMAN OF THE BOARD OF DIRECTORS, THE	
PRESIDENT (WHO IS ALSO A DIRECTOR), AND 4 ADDITIONAL DIRECTORS ELECTED	
BY THE BOARD, FOR A TOTAL OF 7 VOTING MEMBERS. THE IMMEDIATE PAST	
PRESIDENT, WHO IS ALSO ON THE BOARD, SERVES BY APPOINTMENT OF THE BOARD	
AS A NONVOTING MEMBER OF THE EC AND AS ITS CHAIRMAN. UNDER THE BYLAWS,	
THE EC EXERCISES BOARD AUTHORITY TO THE FULLEST EXTENT PERMITTED BY LAW	
IN BETWEEN MEETINGS OF THE FULL BOARD.	
	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

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OMB No 1545-0047

Employer identification number 51-0147724 Partilia Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) THE NATIONAL RIGHT TO WORK COMMITTEE Name of the organization

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(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.)	utions (Complete if the organization	answered "Yes" to Form 990	Part IV, line 34 be	sause it had one c	ir more related tax-exer	прt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
				501(c)(3))		Yes	ş
NATIONAL INSTITUTE FOR LABOR RELATIONS RESEARCH - 52-1303565, 5211 PORT ROYAL ROAD, #510, SPRINGFIELD, VA 22151	EDUCATIONAL RESEARCH, PUBLICATIONS & SEMINARS	VIRGINIA	501(C)(3)	LINE 7	N/A		×

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

31

Schedule R (Form 990) 2010

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Page 2

51-0147724

Schedule R (Form 990) 2010 THE NATIONAL RIGHT TO WORK COMMITTEE

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)	ncome slated, ax under -514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Sanarajor Ox managing Ule partner? (65) Yes No	(i) (k) General or Percentage managing ownership patner? Yes No
										- "	
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	janizations Taxable s poration or trust durin	is a Corport g the tax	oration or Trust (Coyear.)	mplete if the o	rganizatio	n or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	to Form 990, Par	t IV, line 34	because it ha	id one or m	ore related
(a) Name, address, and EIN of related organization	Z		(b) Primary activity		(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
LIBERTY PHONE CENTER, INC 54 P.O. BOX 8265	54-1606865		UNIDRAI GAMMAD ANONG			Z/2	ρ α Ο	777 463	7 84	231 665	0000
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032162 12-21-10				32					Sche	dule R (For	Schedule R (Form 990) 2010

Page 3

51-0147724

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Schedule R (Form 990) 2010

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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? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
 - c Gift, grant, or capital contribution from other organization(s)
 - d Loans or loan guarantees to or for other organization(s)
 - e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)

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- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- Sharing of paid employees
- Reimbursement paid to other organization for expenses 0
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

is for information on who must complete this line, including covered relationships and transaction thresholds.	(d) Method of determining
his line, including covered	(c) Amount involved
ho must complete tl	(b) Transaction
2 If the answer to any of the above is "Yes," see the instructions for information on w	

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) LIBERTY PHONE CENTER, INC.	Ą	711,045.	711,045,PER CONTRACT
(2) LIBERTY PHONE CENTER, INC.	N	120,065.	120,065, COST REIMBURSEMENT
(3) LIBERTY PHONE CENTER, INC.	ď	120,065.	120,065.COST REIMBURSEMENT
(4) LIBERTY PHONE CENTER, INC.	I	711,045.	711,045.PER CONTRACT
(5) NATIONAL INSTITUTE FOR LABOR RELATIONS RESEARCH	z	76,772.	76,772,COST REIMBURSEMENT
(6) NATIONAL INSTITUTE FOR LABOR RELATIONS RESEARCH	<u>Ω</u> ,	107,532.	107,532,COST REIMBURSEMENT

032163 12-21-10

Page 4

51-0147724

Schedule R (Form 990) 2010 THE NATIONAL RIGHT TO WORK COMMITTEE

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.

Country)	(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Are all partners section 501(c)(3)	(e) Share of end-of-	(f) Disproportionate	(g) Code V-UBI amount in box 20	(h) General or managing
	מן פוומיל			Yes No	you assess		of Schedule K-1 (Form 1065)	1 1
				_				
								-
			:					
						_		
								_
								_

Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	THE NATIONAL RIGHT TO WORK COMMITTEE	51-0147724	Page 5
Part VII	(Form 990) 2010 Supplemental Info	rmation		
	Complete this part to pro	ovide additional information for responses to questions on Schedule R (see insti	ructions).	
				· · · · · · · · · · · · · · · · · · ·
	<u> </u>			
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			· ·· · · · · · · · · · · · · · · · · ·	
			·	
				
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Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

miernau H	venue service	as a see app	BCauon for each return.					
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	X		
•	are filing for an Additional (Not Automatic) 3-Month Ex							
	complete Part II unless you have already been granted							
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (f	6 months for a corpo	oration		
require	d to file Form 990-T), or an additional (not automatic) 3-mo	inth extens	sion of time. You can electronically file F	orm 8	868 to request an e	xtension		
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Trans	sfers /	Associated With Cer	rtain		
	al Benefit Contracts, which must be sent to the IRS in par		(see instructions). For more details on the	he elec	etronic filing of this f	form,		
	rw rs gov/efile and click on e-file for Charities & Nonprofits							
Part								
A corpo	oration required to file Form 990-T and requesting an autor nlv	matic 6-mo	onth extension - check this box and com	nplete	•			
All othe	r corporations (including 1120-C filers), partnerships, REN acome tax returns.	fICs, and t	rusts must use Form 7004 to request ar	exten	nsion of time			
Туре о	Name of exempt organization			Emp	loyer identification	number		
print	MILE MANTONAL DEGIM NO MODE	COM	TMMBB	_	1 0147704			
File by the	THE NATIONAL RIGHT TO WORK				1-0147724			
due date filing your	P	see instruc	tions.					
return Se								
#15# dollo	SPRINGFIELD, VA 22160							
					· · · · · · · · · · · · · · · · · · ·			
Enter ti	ne Return code for the return that this application is for (file	e a separa	ite application for each return)			0 1		
Applica	ation	Return	Application			Return		
Is For Code Is For Co								
Form 9	90	01	Form 990-T (corporation)			07		
Form 9		02	Form 1041-A			08		
Form 9	90-EZ	03	Form 4720			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
	THE NATIONAL R		TO WORK COMMITTE					
	books are in the care of ▶ 8001 BRADDOCK	ROAD,	SUITE 500 - SPRINGF	IEL	D, VA 2216	50		
	phone No. ► 703-321-9820		FAX No. >					
	e organization does not have an office or place of busines							
	is is for a Group Return, enter the organization's four digit	-						
	. If it is for part of the group, check this box				ers the extension is	for.		
1	request an automatic 3-month (6 months for a corporation	=	•					
-		ot organiza	ition return for the organization named a	bove.	The extension			
	s for the organization's return for:							
	► X calendar year 2010 or		ad and as					
,	tax year beginning	, ar	nd ending		- •			
2 H	the tax year entered in line 1 is for less than 12 months, o	chack rage	on: Initial return Fina	ı) retur	n			
2 1	Change in accounting period	JIICCK ICas	on rinta return rinta	n ietai	"			
	Change in accounting period							
3a li	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
ŗ	onrefundable credits. See instructions.			3a_	\$	0.		
	this application is for Form 990-PF, 990-T, 4720, or 6069	-						
€	stimated tax payments made. Include any prior year over	payment a	llowed as a credit	3b	\$	0.		
c E	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required,					
t	y using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3c	\$	0.		
Cautio	n. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-				
LHA	For Paperwork Reduction Act Notice, see Instructions	3.			Form 8868 (Re	ev. 1-20(11)		

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