

Form 990-EZ

## Short Form

OMB No. 1545-0047

## Return of Organization Exempt From Income Tax

2020

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form, as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

2103

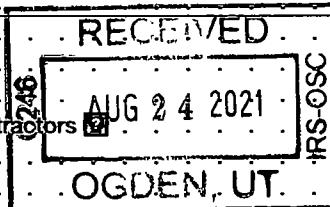
<b>A</b> For the 2020 calendar year, or tax year beginning	April 1	, 2020, and ending	March 31	, 20 21
<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>[2]</b>			<b>D</b> Employer identification number <b>[2]</b>
<input type="checkbox"/> Address change	Mid-Atlantic Right to Work Committee, Inc.			46-2396019
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>[2]</b>			E Telephone number
<input type="checkbox"/> Initial return	4075 Linglestown Road			717-317-7162
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code			<b>F</b> Group Exemption Number ► <b>[2]</b>
<input type="checkbox"/> Amended return	Harrisburg, PA 17112			04
<input type="checkbox"/> Application pending				

<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B <b>[2]</b> (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ►	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 67,500	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **[2]**

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	67,500
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	67,500	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	23,900
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits <b>[2]</b>	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	20,132
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) <b>[2]</b>	16	23,771
	17 <b>Total expenses.</b> Add lines 10 through 16	17	67,803
<b>Net Assets</b>	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-303
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	9,897
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	9594



Part II **Balance Sheets (see the instructions for Part II)**

**Check if the organization used Schedule O to respond to any question in this Part II**

		(A) Beginning of year	(B) End of year
<b>22</b>	<b>Cash, savings, and investments</b>	<b>9,897</b>	<b>22</b>
<b>23</b>	<b>Land and buildings</b>	<b>23</b>	
<b>24</b>	<b>Other assets (describe in Schedule O)</b>	<b>24</b>	
<b>25</b>	<b>Total assets</b>	<b>9,897</b>	<b>25</b>
<b>26</b>	<b>Total liabilities (describe in Schedule O)</b>	<b>26</b>	
<b>27</b>	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>9,897</b>	<b>27</b>
			9,594

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)

**Check if the organization used Schedule O to respond to any question in this Part III**

**What is the organization's primary exempt purpose?** Public awareness, education & research

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

## 28 Public awareness, education & research

29	(Grants \$ 23,900) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	67,803
30	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
31	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
32	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	32	67,803

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33 ✓ [3]

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions  34 ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a ✓

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c ✓ [3]

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36 ✓ [3]

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  37b ✓ [3]

b Did the organization file Form 1120-POL for this year?  38a ✓ [3]

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b

b If "Yes," complete Schedule L, Part II, and enter the total amount involved  39a

39 Section 501(c)(7) organizations. Enter:  39b

a Initiation fees and capital contributions included on line 9  40a

b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►  section 4912 ►  section 4955 ►  40b ✓ [3]

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40e ✓ [3]

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed ► DE

42a The organization's books are in care of ► Barry Bradshaw Telephone no. ► 703-945-7776  
Located at ► 5533 Starboard Court, Fairfax, VA ZIP + 4 ► 22032  42b ✓ [3]

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42c ✓ [3]

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b ✓

c Did the organization receive any payments for indoor tanning services during the year?  44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a ✓

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45b ✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . Yes  No  46 ✓

**Part VI      Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

**Check if the organization used Schedule O to respond to any question in this Part VI**

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		47	2
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	?
49a	Did the organization make any transfers to an exempt non-charitable related organization?		49a	
b	If "Yes," was the related organization a section 527 organization?		49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here <input checked="" type="checkbox"/>		Signature of officer Michael Casey, President / Treasurer Type or print name and title	8/12/2021 Date																		
<table border="1"> <tr> <td rowspan="2">Paid Preparer Use Only</td> <td>Print/Type preparer's name Barry Bradshaw</td> <td>Preparer's signature Barry C. Bradshaw</td> <td>Date 8/12/21</td> <td>Check <input checked="" type="checkbox"/> if self-employed</td> <td>PTIN 405-90-0545</td> </tr> <tr> <td>Firm's name ►</td> <td colspan="3">Firm's EIN ►</td> </tr> <tr> <td>Firm's address ► 5533 Starboard Court, Fairfax, VA 22032</td> <td colspan="3">Phone no. 703-945-7776</td> <td colspan="2"></td> </tr> </table>		Paid Preparer Use Only	Print/Type preparer's name Barry Bradshaw	Preparer's signature Barry C. Bradshaw	Date 8/12/21	Check <input checked="" type="checkbox"/> if self-employed	PTIN 405-90-0545	Firm's name ►	Firm's EIN ►			Firm's address ► 5533 Starboard Court, Fairfax, VA 22032	Phone no. 703-945-7776					May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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**SCHEDULE C**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
----------------------	--------------------------------

Mid-Atlantic Right to Work Committee, Inc.

46-2396019

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ► \$ 10,000
- 3 Volunteer hours for political campaign activities (See instructions)

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ 10,000
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ 10,000
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) State Employee Rights Campaign Committee	8001 Braddock Road, Suite 501 Springfield, VA 22151	54-6161036	10,000	0
(2)				
(3)				
(4)				
(5)				
(6)				

<b>Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).</b>																																																
<b>A</b> Check ► <input type="checkbox"/> if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).																																																
<b>B</b> Check ► <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply.																																																
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h Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .																																																
i Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .																																																
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																														

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
2a			
b			
c			
d			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1	1	
2	2	
3	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	1
2	
2a	
2b	
2c	
3	3
4	
5	5

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part 1-A, line 1: Organization only provided general unrestricted monetary assistance to the SERCC.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Mid-Atlantic Right to Work Committee, Inc.

Employer identification number

46-2396019

**Page 1, Block C: also dba Delaware Right to Work Committee; Keystone State Right to Work Committee**

**Part I, line 10 Donations Expenses**

\$13,900 New England Citizens for Right to Work, Inc. (EIN: 02-0334307)

\$10,000 State Employee Rights Campaign Committee (SERCC) (EIN: 54-6161036)

**Part I, line 16: Other Expenses: Travel (Food, Lodging & Transportation) \$23,771**

**Part IV, column c: Reportable compensation**

Michael Casey W-2 wages reported under Common Paymaster, Conservative Action League (EIN: 54-1935622)