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Form 990-EZ  Department of the Treasury Internal Revenue Service	Short Form 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 1545-1150 2008
	<p>▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.</p> <p>▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></p>	Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 , and ending 09-30-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTH DAKOTA RIGHT TO LIFE ASSOCIATION		D Employer identification number 45-0310544
<input type="checkbox"/> Address change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number (701) 258-3811
<input type="checkbox"/> Name change		Room/suite		
<input type="checkbox"/> Initial return		City or town, state or country, and ZIP + 4 BISMARCK, ND 58502		F Group Exemption Number ▶
<input type="checkbox"/> Termination				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ WWW.NDRL.ORG		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Organization type (check only one)— <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		▶ \$ 118,996	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	109,944					
	2	Program service revenue including government fees and contracts	2						
	3	Membership dues and assessments	3						
	4	Investment income	4	26					
	5a	Gross amount from sale of assets other than inventory	5a						
	b	Less cost or other basis and sales expenses	5b	0					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c						
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 							
	a	Gross revenue (not including \$_____ of contributions reported on line 1)	6a	0					
	b	Less direct expenses other than fundraising expenses	6b	0					
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0					
	7a	Gross sales of inventory, less returns and allowances	7a						
b	Less cost of goods sold	7b	0						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c							
8	Other revenue (describe )	8	9,026						
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	118,996						
Expenses	10	Grants and similar amounts paid (attach schedule)	10						
	11	Benefits paid to or for members	11						
	12	Salaries, other compensation, and employee benefits	12	60,594					
	13	Professional fees and other payments to independent contractors	13	23,840					
	14	Occupancy, rent, utilities, and maintenance	14	4,500					
	15	Printing, publications, postage, and shipping	15	12,229					
	16	Other expenses (describe )	16	9,577					
	17	Total expenses (add lines 10 through 16)	17	110,740					
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,256					
	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	23,168					
	20	Other changes in net assets or fund balances (attach explanation)	20						
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	31,424					
Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ									
(See the instructions for Part II)			(A) Beginning of year		(B) End of year				
22	Cash, savings, and investments	23,860	22	33,109					
23	Land and buildings		23						
24	Other assets (describe )	1,404	24	685					
25	Total assets	25,264	25	33,794					
26	Total liabilities (describe )	2,096	26	2,370					
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,168	27	31,424					

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? PROVIDE EDUCATION ON THE APPRECIATION OF HUMAN LIFE			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 NDRL SEEKS TO INFORM AND THEREBY BRING ABOUT IN NORTH DAKOTA A CLEAR UNDERSTANDING AND FULL APPRECIATION OF THE EXISTENCE OF HUMAN LIFE AND ITS DIGNITY AT ALL STAGES OF DEVELOPMENT, AND THE RIGHT OF EVERY HUMAN BEING TO THE CONTINUATION OF SUCH LIFE. DURING THE YEAR THERE WERE 25 OFFICIAL CHAPTERS, AND IN ADDITION, NDRL IS THE PARENT OF TEENS FOR LIFE. THE ORGANIZATION DISTRIBUTES EDUCATIONAL MATERIALS AND HOLDS AN ANNUAL CONFERENCE TO EDUCATE THE PUBLIC. (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td></td></tr></table>	37a			
37a					
b	Did the organization file Form 1120-POL for this year?	37b	No		
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 unpaid at the start of the period covered by this return?	38a	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9	39a	0		
b	Gross receipts, included on line 9, for public use of club facilities	39b	0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b	No		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____				
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No		
41	List the states with which a copy of this return is filed ▶ ND				
42a	The books are in care of ▶ PAUL MALONEY Telephone no ▶ (701) 258-3811 PO BOX 551 Located at ▶ BISMARCK, ND ZIP + 4 ▶ 585020551				
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43				
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No		

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	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.			
	***** Signature of officer		2010-03-23 Date	
Paid Preparer's Use Only	PAUL MALONEY Executive Direc Type or print name and title			
	Preparer's signature	Rhonda Mahlum	Date	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	MAHLUM GOODHART PC 204 E MAIN STREET MANDAN, ND 58554		EIN Phone no. (701) 663-9345
May the IRS discuss this return with the preparer shown above? See instructions.				

Additional Data

Software ID:

Software Version:

EIN: 45-0310544

Name: NORTH DAKOTA RIGHT TO LIFE ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
FLORENCE STAHL PO BOX 551 BISMARCK,ND 58502	Director 0	0		
KATHI ERETH PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
JAMES KERIAN PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
VICKI JACKSON PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
TIM SENDER PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
JUDY BEAUDRIE PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
ROGER WINCHESTER PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
MARIE HALVORSON PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
JANICE BREKER PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
BETTY REGSTAD PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
BRENDA BURNS PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
HELEN SCHMIDT PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
MARY GRAY PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
ELLEN TETRAULT PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
DANA GERVING PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
GARY ARTZ PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
JANICE MOCH PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
JOANN FISCHER PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
SHARON EVERSVIK PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
PAULETTE MARTIN PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
VIRGINIA DOLAJAK PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
RITA SKOGLUND PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
MARLO NELSON PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
JO ELLEN EHRLMAN PO BOX 551 BISMARCK,ND 58502	Director 1 00	0		
VIRGINIA FERGEL PO BOX 551 BISMARCK,ND 58502	Secretary 1 00	0		
ELLEN HUMBLE PO BOX 551 BISMARCK,ND 58502	Treasurer 1 00	0		
DEB CARROLL PO BOX 551 BISMARCK,ND 58502	CHAIRPERSON 1 00	0		
DENNIS KONKEL PO BOX 551 BISMARCK,ND 58502	Vice President 1 00	0		
CONNIE BRANDT PO BOX 551 BISMARCK,ND 58502	Vice President 1 00	0		
JANE HOHERTZ PO BOX 551 BISMARCK,ND 58502	Vice President 1 00	0		
GARY HOFFMANN PO BOX 551 BISMARCK,ND 58502	President 1 00	0		
PAUL MALONEY PO BOX 551 BISMARCK,ND 58502	Executive Direc 40 00	30,000	1,315	

TY 2008 Other Assets Schedule**Name:** NORTH DAKOTA RIGHT TO LIFE ASSOCIATION**EIN:** 45-0310544**Software ID:** 08000091**Software Version:** 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Machinery and Equipment	1,330	662
Furniture and Fixtures	74	23

TY 2008 Other Expenses Schedule**Name:** NORTH DAKOTA RIGHT TO LIFE ASSOCIATION**EIN:** 45-0310544**Software ID:** 08000091**Software Version:** 2008v2.7

Description	Amount
Travel	4,173
Office Expenses	2,735
MISCELLANEOUS	7
Depreciation	719
Conferences, Conventions, and Meetings	1,943

TY 2008 Other Liabilities Schedule

Name: NORTH DAKOTA RIGHT TO LIFE ASSOCIATION

EIN: 45-0310544

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	2,096	2,370

TY 2008 Other Revenues Schedule

Name: NORTH DAKOTA RIGHT TO LIFE ASSOCIATION

EIN: 45-0310544

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
EXPENSE REIMBURSEMENTS	8,700
MISCELLANEOUS	326