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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)

► 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

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 12-01-2008, and ending 11-30-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

GRAND RAPIDS RIGHT TO LIFE

Number and street (or P O box, if mail is not delivered to street address)Room/suite

2340 PORTER STREET SW

City or town, state or country, and ZIP + 4

WYOMING, MI 49509

D Employer identification number

23-7213693

E Telephone number

(616) 532-2300

F Group Exemption Number

► 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

☐ Cash

☒ Accrual

Other (specify) ►

I Website:► N/A

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)





J Organization type (check only one)—☒ 501(c) (4) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

K Check ☐ 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 ► \$ 384,590

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	113,137
	2	Program service revenue including government fees and contracts . . . . .	2	1,928
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	1
	5a	Gross amount from sale of assets other than inventory . . . . .	5c	
	b	Less cost or other basis and sales expenses . . . . .		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here ► <input type="checkbox"/>	6c	76,186
	a	Gross revenue (not including \$_____of contributions reported on line 1) . . . . .		
	b	Less direct expenses other than fundraising expenses . . . . .		
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .		
	7a	Gross sales of inventory, less returns and allowances . . . . .	7c	2,504
	b	Less cost of goods sold . . . . .		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .		
	8	Other revenue (describe ► _____)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . .	9	193,756
	10	Grants and similar amounts paid (attach schedule)  . . . . .	10	34,418
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	101,528
	13	Professional fees and other payments to independent contractors . . . . .	13	1,769
Net Assets	14	Occupancy, rent, utilities, and maintenance . . . . .	14	14,026
	15	Printing, publications, postage, and shipping . . . . .	15	10,942
	16	Other expenses (describe ►  )	16	10,890
	17	Total expenses (add lines 10 through 16) . . . . .	17	173,573
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	20,183
	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	31,712
	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	51,895
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 . . . . .	75,246	22	95,330
23	Land and buildings . . . . .	952	23	304
24	Other assets (describe ►  )	12,174	24	3,609
25	Total assets . . . . .	88,372	25	99,243
26	Total liabilities (describe ►  )	56,660	26	47,348
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	31,712	27	51,895

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? TO PROMOTE THE DIGNITY AND PROTECTION OF ALL 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			
<b>28</b> TO PROMOTE THE RIGHTS THAT ARE POSSESSED BY ALL HUMAN BEINGS FROM THE MOMENT OF CONCEPTION AND TO COORDINATE THE ACTIVITIES OF OTHER GROUPS THAT PROMOTE THE SAME CAUSE (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	144,585
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	144,585

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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 <b>not</b> 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 <b>Form 990-T</b> 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 <b>Form 1120-POL</b> 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									
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b									
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 ▶ _____										
42a	The books are in care of ▶ SUE COLLIGAN Telephone no ▶ (616) 532-2300 2340 PORTER ST SW Located at ▶ WYOMING, MI ZIP + 4 ▶ 49509										
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>42b</td><td></td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	42b		No			
	Yes	No									
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 <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <table><tr><td>43</td><td></td></tr></table>	43									
43											
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>44</td><td></td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	44		No			
	Yes	No									
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.	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>45</td><td></td><td>No</td></tr></table>		Yes	No	45		No			
	Yes	No									
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?		
b	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
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
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		2010-06-30 Date		
Paid Preparer's Use Only	Preparer's signature JAMES L ZWIERS		Date 2010-07-06	Check if self-employed <input checked="" type="checkbox"/>	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 FERRIS BUSSCHER & ZWIERS PC 675 EAST 16TH STREET SUITE 100 HOLLAND, MI 49423				EIN Phone no. (616) 392-8534
	May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 23-7213693

Name: GRAND RAPIDS RIGHT TO LIFE

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
DR HANK MILANOWSKI 2340 PORTER STREET SW WYOMING, MI 49509	BOARD CHAIR 1	0		
PAT KORTE 2340 PORTER STREET SW WYOMING, MI 49509	PRESIDENT 2	0		
ANNE ROSSI 2340 PORTER STREET SW WYOMING, MI 49509	VICE-PRES 1	0		
TOM BOBROWSKI 2340 PORTER STREET SW WYOMING, MI 49509	TREASURER 1	0		
KAREN WEBER 2340 PORTER STREET SW WYOMING, MI 49509	SECRETARY 1	0		
DR LAURENCE BURNS 2340 PORTER STREET SW WYOMING, MI 49509	AT LARGE DIR 1	0		
RUTH COLLAR 2340 PORTER STREET SW WYOMING, MI 49509	AT LARGE DIR 1	0		
EILEEN ANDING 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
LINDA ARECHIGA 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
BETTY BESTEMAN 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
JODI BOLKEMA 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
JANE DALSAO 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
DON NOREEN DUBA 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
MIKE DUGAN 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
CONNIE EDWARDS 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
POLLY FOSTER 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
DAN HOBSON 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
PETER JAMES 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
MATT KALLMAN 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
ARNETTE KRAUS 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
NORM MILLER 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
MARLENE PRINS 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
SHEILA SMIGGEN 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
MARY STANLEY 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
MICHAEL TARACH 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
TRUDY VANSOLKEMA 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		
ZOE WILSON 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 1	0		

**TY 2008 Compensation Explanation****Name:** GRAND RAPIDS RIGHT TO LIFE**EIN:** 23-7213693

Person Name	Explanation
DR HANK MILANOWSKI	
PAT KORTE	
ANNE ROSSI	
TOM BOBROWSKI	
KAREN WEBER	
DR LAURENCE BURNS	

Person Name	Explanation
RUTH COLLAR	
EILEEN ANDING	
LINDA ARECHIGA	
BETTY BESTEMAN	
JODI BOLKEMA	
JANE DALSA SO	



Person Name	Explanation
DON NOREEN DUBA	
MIKE DUGAN	
CONNIE EDWARDS	
POLLY FOSTER	
DAN HOBSON	
PETER JAMES	

Person Name	Explanation
MATT KALLMAN	
ARNETTE KRAUS	
NORM MILLER	
MARLENE PRINS	
SHEILA SMIGGEN	
MARY STANLEY	

Person Name	Explanation
MICHAEL TARACH	
TRUDY VANSOLKEMA	
ZOE WILSON	

**TY 2008 Grants and Similar Amounts Paid Schedule****Name:** GRAND RAPIDS RIGHT TO LIFE**EIN:** 23-7213693

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	PAYMENTS TO AFFILIATES
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

**TY 2008 Other Assets Schedule****Name:** GRAND RAPIDS RIGHT TO LIFE**EIN:** 23-7213693

Description	Beginning of Year Amount	End of Year Amount
INVENTORIES FOR SALE OR USE	3,657	3,609
PREPAID EXPENSES AND DEFERRED CHARGES	8,517	
	12,174	3,609

**TY 2008 Other Expenses Schedule****Name:** GRAND RAPIDS RIGHT TO LIFE**EIN:** 23-7213693

Description	Amount
EXPENSES	
COMPUTER EXPENSE	895
MISCELLANEOUS	1,849
SALES TAX	420
RALLIES	1,708
CONFERENCES AND MEETINGS	1,092
INSURANCE	568
OFFICE EXPENSES	4,358

TY 2008 Other Liabilities Schedule

**Name:** GRAND RAPIDS RIGHT TO LIFE

**EIN:** 23-7213693

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	56,660	47,348
	56,660	47,348