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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organizationRight to Life Committee of New Hampshire
aka New Hampshire Right to Life Committee

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

P.O. Box 421

Room/suite

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

Merrimack, NH 03054-0421

D Employer identification number

22 2482927

E Telephone number

603-626-7950

F Group Exemption

Number ► None

• 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: ► www.nhr+1.org**J** Tax-exempt status (check only one) — ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$23,218.00**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	10,643.00	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	0	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)
3	Membership dues and assessments	12	0	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	0	21	Net assets or fund balances at end of year (Combine lines 18 through 20)
5a	Gross amount from sale of assets other than inventory	14	710.00		
5b	Less cost or other basis and sales expenses	15	10,808.00		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	6,922.00		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐	17	18,440.00		
6a	Gross revenue (not including \$ 1854.00 of contributions reported on line 1)	18	(2675.00)		
6b	Less direct expenses other than fundraising expenses	19	13,257.00		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	20	0		
7a	Gross sales of inventory, less returns and allowances	21	10,582.00		
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe ► Two rentals of mailing list)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				
10	Grants and similar amounts paid (attach schedule)				
11	Benefits paid to or for members				
12	Salaries, other compensation, and employee benefits				
13	Professional fees and other payments to independent contractors				
14	Occupancy, rent, utilities, and maintenance				
15	Printing, publications, postage, and shipping				
16	Other expenses (describe ► See attached sheet)				
17	Total expenses. Add lines 10 through 16				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	13,257.00	10,582.00
23 Land and buildings	0	0
24 Other assets (describe ►)	0	0
25 Total assets	13,257.00	10,582.00
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,257.00	10,582.00

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? End legal abortion and euthanasia
 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, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	<u>We had no program service accomplishments in 2009.</u>		
	(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29			
	(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	0

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
Kurt Wuelper, 1336 Parker Mtn Rd., Strafford, NH 03884 Tel 207-438-5956	President	-0-	0	0
Elizabeth J. Breuder, 3 Newfane Rd., Bedford, NH 03110 Tel 603-471-0230	Vice-President	-0-	0	0
John J. Murphy, 87 Prospect St., Manchester, NH 03104 Tel 603-486-3223	Secretary until Nov. 13, 2009	-0-	0	0
Joan Espinola, 170 No. Policy St., Salem, NH 03079 Tel 603-893-3960	Secretary since Nov. 13, 2009	-0-	0	0
William H. Currier, 17A Oak Ridge Ave., Salem, NH 03079 Tel 617-753-3112	Treasurer	-0-	0	0
Warren Goddard, 8 Wilson Road, Portsmouth, NH 03801 Tel 603-436-4199	Chairman until Nov. 13, 2009	-0-	0	0
William J. Smith, 30 Devonshire Rd., Athol, NH 03811 Tel 603-362-6108	Chairman since Nov. 13, 2009	-0-	0	0
Michael J. Gagnon, 22 Cherokee Ave., Nashua, NH 03062 Tel 603-889-3550	Trustee	-0-	0	0
Julie Laughner, 1 Taft Way, Raymond, NH 03077 Tel 603-895-4855	Trustee	-0-	0	0
Mary Mendez, 183 Main St., Kingston, NH 03848 Tel 603-642-8050	Trustee	-0-	0	0
Robert Kaladish, 668 Abbot Hill Rd., Wilton, NH 03086 Tel 603-654-2359	Trustee	-0-	0	0
Daniel Hagan, 71 Watson St., Nashua, NH 03060 Tel 603-880-8157	Trustee	-0-	0	0
Kathleen Souza, 628 Belmont St., Manchester, NH 03104 Tel 603-645-6131	Trustee	-0-	0	0
Jeanne Van Bellinghen, 22 Hooker St., Nashua, NH 03064 Tel 603-881-7574	Trustee	-0-	0	0
Barlene M. Pawlik, 5 Ventura Drive, Raymond, NH 03077 Tel 603-895-5224	Trustee until Nov. 13, 2009	-0-	0	0
Freda Muldoon, 59 Ridgewood Dr., Athol, NH 03811 Tel 603-489-1977	Trustee since Nov. 13, 2009	-0-	0	0
Douglas Duke, 450 Coffin Brook Rd., Alton, NH 03809 Tel 603-225-4000	Trustee since Nov. 13, 2009	-0-	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	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	☒
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	☒
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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	☒
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	☒
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	☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0</u>		
b Did the organization file Form 1120-POL for this year?	37b	☒
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 period covered by this return?	38a	☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	☒
39 Section 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 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	☒
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
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.	40e	☒
41 List the states with which a copy of this return is filed. ▶ <u>New Hampshire</u>		
42a The organization's books are in care of ▶ <u>William H. Currier</u> Telephone no. ▶ <u>603-294-5723</u> Located at ▶ <u>17A Oak Ridge Ave., Apt. 11, Salem, NH</u> ZIP + 4 ▶ <u>03079-4430</u>		
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)?	42b	☒
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	☒
If "Yes," enter the name of the foreign country: ▶ _____		
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 <u>N/A</u> ☐		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	☒
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	☒

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|------------|----|
| 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 | 46 | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | |
| 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."

(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				

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

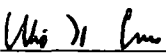
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

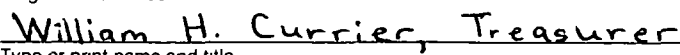
d Total number of other independent contractors each receiving over \$100,000

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


 Signature of officer


 Date


 Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Form **990-EZ** (2009)



Right to Life Committee of New Hampshire
Employer ID No. 22-2482927

Attachment to 2009 Form 990-EZ

Description of "other expenses" in line 16:

Expenses involved in opposing the merger of a local Catholic hospital and a public hospital including a partial subsidy of a trip to Rome to meet with Vatican officials, newspaper advertisements, and the rental of an automobile. Other expenses unrelated to the aforementioned opposition are booths at expositions, a state filing fee, a post office box rental fee, an extra office key, a Mass stipend, stationary items, pro-life supplies, cleaning supplies, and miscellaneous supplies and radio advertisements.