

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 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

OMB No 1545-1150

2009

**Open to Public** Inspection

Ā	A For the 2009 calendar year, or tax year beginning , 2009, and ending					, 20										
В	Check if	of applicable Please C Name of organization			D Em			D Empl	ployer identification number							
	Address	change	use IRS label or	Verm	ont Right to	Life Commit	tee Inc						51-0201949			
Ĺ	Namec	-	print or	Numb	er and street (	or PO box, if m	naıl ıs not deliv	ered to street add	tress)	Roon	n/suite	E Telep	hone n	umber	<del> </del>	
닏	Initial re		type See	PO B	ox 1079							802-229-4885				
늗	-	ed return	Specific	Crty o	r town, state o	or country, and Z	IP + 4					F Grou	Group Exemption			
<u> </u>	ξ.	on pending	instruc- tions.	Mont	pelier, VT 05	5601							umber ▶			
=			omaniz				nt charitabl	o tructe muet	attach		3 Accou				Cash	
	- 00	• 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 N Other (specifications)						-		٠	Casii 🔲 Accidai					
_							· · · · · ·	<del></del>		<del></del>					unation in made	
	Wahe	Website: ▶ www.vrlc.net H Check ▶ ☑  Website: ▶ www.vrlc.net														
	J Tax-exempt status (check only one) — ✓ 501(c) ( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 95										ttach Schedule B (Form 990,					
_	Check		_												405.000.4	
								anization and it							an \$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 comp											ete re	urn			
_	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  Part I  Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru											stion:	for	Port I.)		
	_											IIIStru		5 101		
	1 2	_									• • •		1		59135	
	- 1				_	governmen					•		2		15138	
	3					ts							3		0	
	4	Investmen								•			4		393	
	5a					other than in	•		5a							
<b>1</b>	5					expenses .			_5b						_	
Ö		<ul> <li>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</li> <li>Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check</li> </ul>									5c		0			
$\geq$	<u> </u>					•	•	•	m gamı	ng, cn	eck nere ₽					
SCANNED	a a					<del></del>			1 _ 1							
希	TI.								6a			10719				
S						undraising ex	•		6b			2205				
	_c	-					-	btract line 6b	1 1	ine 6	a)		_6c		8514	
ш	7a															
70			•						7b							
<b>₽</b>	٥							7b from line 7	7a) .				7c			
	8	Other revenue (describe Staff subcontracting fees; rebates							8		28859					
2010	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8								, ▶	9		112039			
	10											• •	10		200	
	11												11		0	
	12												12		73794	
!	<u> </u>					•		tractors					13		825	
j	14	, ,, ,,,								14		5474				
•	'`						 Andinian No.		~~~~~		 Markaran		15		24265	
	16		Other expenses (describe Liability Ins, Advertising, National Del Exp; Supplies; Web host Total expenses. Add lines 10 through 16						16		8660					
_	17								<del>ioi</del>	•	· .	<u>. ▶</u>	17		113218	
-	2   18 2   19	Not asset	(delicit)	) for th	e year (Suc	otract line 17	from line-9	)					18		(1179)	
	19 19 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20	end-of-ve	ar ficilire	reno	ances at Di	or vear's retuin	Alla	ine 27. colum 1.9. 2010	(A)	(mus	st agree	WILL	40		00004	
	<u> </u>												19		22804	
ž	<u>5</u>   20							anation)		· ·			20		1	
	⁻   21 Part I							TIBETH rough 2		nore	file For	. ► m 000	21	d of	21626 Form 990-57	
	- ai t I	Part II Balance Sheets. If Total assets on line 25, column (B)-are \$1,250,000 or more, file Form 9 (See the instructions for Part II.)														
	20 (	lach coule		•			•				(A) Deg				(B) End of year	
		Cash, savings									<del></del>		35529	_	37636	
										•				23	14000	
		Other assets (	-							_,			4922	_	14883	
		īotal assets Total liabilitie				.    .   .   . ed rev, payro				•			0451 27647	_	52519	
			•					ee with line 2	1)	_,	<del></del>		22804		30893 21626	
	<u>-,                                    </u>			-414110	12 0 mile 21	Or Column (F	, must ayı	22 MIGI 11116 Z	., .		1	4	-2004	41	21020	

	t III Statement of Program Service Accomp		uctions for Part III	.)		Expenses	
 Nha	t is the organization's primary exempt purpose?	Advocacy for right to life				ired for section (3) and 501(c)(4)	
Desc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						
nan	ner, describe the services provided, the number o	f persons benefited, and o	ther relevant infor	mation for		zations and section a)(1) trusts, optional	
each	program title.				for ot		
28	Lobbying efforts in support of pro-life legislation and	I in opposition to assisted su	icide at state and				
	national levels; publication of statewide and chapter	·		nces:			
	pro-life advertising; displays and fairs and other ever						
		includes foreign grants, che			28a	95179	
29					1		
	(Grants \$ ) If this amount		ack here	▶ □	29a		
30			-		230		
30							
	/O				00-		
	(Grants \$ ) If this amount				30a	<del></del> -	
31	. •				] ]		
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	<u>. ▶ U</u>	31a		
	Total program service expenses (add lines 28a t	nrough 31a)	<u> </u>	🕨	32	95179	
Par	t IV List of Officers, Directors, Trustees, and Key						
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and	
		devoted to position	enter -0)	deferred compe	nsation	other allowances	
	y Beerworth	Executive Director, 40					
Mon	tpelier, VT 05601		37550		0	890	
<b>-</b>	•••••••••••••••••••••••••••••••••••••••						
See	Attached list for Officers and directors						
<b></b>						-	
	_						
	***************************************						
		1					
	•••••••••••••••••••••••••••••••••••••••						
<del>-</del>	•••••••••••••••••••••••••••••••••••••••						
				-	_	· · · · · ·	
				ŀ			
	<del></del>						
		1				1	
		1					
		<del> </del>					
		}					
			<u> </u>				
		{					
					_	ļ	
		1					
		1					
		•	i.				

Form 99	90-EZ (200 <del>9</del> )		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		<u></u>	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No_
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.	-		
а	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>✓</b>
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	ļ		
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	✓
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>√</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-}		
39 a	Section 501(c)(7) organizations Enter:  Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	1		
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 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		1
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed. ▶			
42a	Total and the second	802-22	9-488	5
	Located at ► 73 Main Street Montpeler, VT ZIP + 4 ►	0560	1-1079	)
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)?	406	_	No
	If "Yes," enter the name of the foreign country: ▶	42b	$\vdash$	<b>✓</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
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			▶ □
AA	Did the organization maintain any depart advised funds? If "Ves." Form 000 must be apprelated instead of		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	+	<b>  *</b>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Form 99	0-EZ (2009)						Р	age 4	
Part '	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt chari ad 51.	xempt table to	t <b>charitab</b> l rusts mus	e trusts only. At answer question	ll sect ns 46	ion -491	b	
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete:					-	Yes	No	
47	Did the organization engage in lobbying activities					46		├	
47 48	Is the organization engage in lobbying activities is the organization a school as described in section				<i></i>	47 48		<del> </del>	
49a	Did the organization make any transfers to an ex					49a	-	$\vdash$	
b	If "Yes," was the related organization a section 5					49b			
50	Complete this table for the organization's five hi						s an	d ke	
	employees) who each received more than \$100,	000 of compensation from	the org	anızatıon. I	there is none, ent	er "No	ne."	,	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Co	mpensation	(d) Contributions to employee benefit plans & deferred compensation		Expen ount a allowa	and	
						-			
f	Total number of other employees paid over \$100	0,000 ▶							
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio	highest compensated inde n. If there is none, enter "N	pender one."	nt contracto	ors who each rece	eived i	nore	tha	
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Typ	e of service	(c) Com	npensa	ation	
				.,,					
		<del></del>	$\rightarrow$						
		***							
	<del>-</del>		-+				—		
		<del></del>	_			-			
d	Total number of other independent contractors of	each receiving over \$100,00	. 00	. >	-				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompan of preparer (other than officer) is b	ying sche ased on a	edules and stat all information	ements, and to the bes of which preparer has a	t of my	knowl wledge	edge e	
Sign Here	Sharon F. Tolorg 8/16/10								
	Signature of officer	U		Г	Date				
	Sharon F. Toborg, Treasurer								

Type or print name and title

May the IRS discuss this return with the preparer shown above? See instructions

Preparer's

signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Paid

Preparer's

**Use Only** 

► ☐ Yes ☐ No
Form 990-EZ (2009)

Preparer's identifying number (See instructions)

Check if self-employed ▶ □

EIN

Phone no 🕨

Date

Vermont Right to Life Committee, Inc EIN # 51-0201949 Part IV List of Officers and Board members Form 990EZ

None of the Board members are compensated.

Margaret Barnes	Shoreham, VT					
Joanna T. Bisceglio	Waterbury Ctr., VT					
Patricia Brooks	Vergennes, VT					
Ethel Brousseau	Milton, VT					
Gerry Callan	Waterbury Ctr., VT					
Agnes Clift (Secretary)	So Burlington, VT					
David Demar	Milton, V T					
Elisabeth Dunlap	Woodbury, VT					
Retta Dunlap (Vice-Pres.)	Woodbury, VT					
Kathleen Grange	Graniteville, VT					
Eileen E. Haupt	Jericho, VT					
Michele Morin	Burlington, VT					
Paul Niekrewicz (Pres.)	Essex Jct., VT					
Robert Pegram	Bridport, VT					
Brenda Pepin	Montpelier, VT					
Judy Sekerak	Milton, VT					
Sharon Toborg (Treas.)	Barre, VT					
Mary Beerworth (National	Fairfax, VT					
Delegate)						
Barbara Burrington,	Concord VT					
Eric Haselton,	St. Johnsbury, VT					