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[illegible]

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	No
34	Were any changes made to the organizing or governing documents? 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 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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	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 outstanding at the end 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	Section 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 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	No
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 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations 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? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ ND		
42a	The organization's 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 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 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.

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 a school 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 a section 527 organization?		

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				

50(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		

51(d) Total number of other independent contractors each 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 *****	Date 2011-02-15
	Type or print name and title PAUL MALONEY Executive Direc	

Paid Preparer's Use Only	Preparer's signature Rhonda Mahlum	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	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 ☐ Yes ☐ No

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
JO ELLEN EHRMAN PO BOX 551 BISMARCK,ND 58502	Director 0	0		
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		
RUGER 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		
MIKE LITTLE PO BOX 551 BISMARCK,ND 58502	Vice President 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		
VIRGINIA FERGEL PO BOX 551 BISMARCK,ND 58502	Secretary 1 00	0		
TIM TRUMBULL PO BOX 551 BISMARCK,ND 58502	Vice President 1 00	0		
PAT ARTZ PO BOX 551 BISMARCK,ND 58502	President 1 00	0		
PAUL MALONEY PO BOX 551 BISMARCK,ND 58502	Executive Direc 40 00	31,949	2,524	

TY 2009 Other Assets Schedule**Name:** NORTH DAKOTA RIGHT TO LIFE ASSOCIATION**EIN:** 45-0310544**Software ID:** 09000047**Software Version:** 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Machinery and Equipment	662	756
Furniture and Fixtures	23	

TY 2009 Other Expenses Schedule**Name:** NORTH DAKOTA RIGHT TO LIFE ASSOCIATION**EIN:** 45-0310544**Software ID:** 09000047**Software Version:** 2009v1.7

Description	Amount
Travel	5,402
PROGRAM EXPENSES	394
Office Expenses	3,095
MISCELLANEOUS	93
Depreciation	512
Conferences, Conventions, and Meetings	226
Advertising and Promotion	1,184

TY 2009 Other Liabilities Schedule

Name: NORTH DAKOTA RIGHT TO LIFE ASSOCIATION

EIN: 45-0310544

Software ID: 09000047

Software Version: 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	2,370	4,280

TY 2009 Other Revenues Schedule

Name: NORTH DAKOTA RIGHT TO LIFE ASSOCIATION

EIN: 45-0310544

Software ID: 09000047

Software Version: 2009v1.7

Description	Amount
MISCELLANEOUS	440