










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A For the 2009 calendar year, or tax year beginning 12-01-2009, and ending 11-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GRAND RAPIDS RIGHT TO LIFE		D Employer identification number 23-7213693
		Number and street (or P O box, if mail is not delivered to street address) 2340 PORTER STREET SW	Room/suite	E Telephone number (616) 532-2300
		City or town, state or country, and ZIP + 4 WYOMING, MI 49509		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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) H	
I Website: N/A		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (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 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 H \$ 318,872			

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	91,626
	2	Program service revenue including government fees and contracts						2	1,525
	3	Membership dues and assessments						3	
	4	Investment income						4	1
	5a	Gross amount from sale of assets other than inventory				5a		5c	
	b	Less cost or other basis and sales expenses				5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				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	222,977	6c	61,158
	b	Less direct expenses other than fundraising expenses				6b	161,819		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				6c				
7a	Gross sales of inventory, less returns and allowances				7a	2,743	7c	2,104	
b	Less cost of goods sold				7b	639			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c				
8	Other revenue (describe  _____)						8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 						9	156,414	
Expenses	10	Grants and similar amounts paid (attach schedule)						10	16,961
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	103,520
	13	Professional fees and other payments to independent contractors						13	1,705
	14	Occupancy, rent, utilities, and maintenance						14	13,655
	15	Printing, publications, postage, and shipping						15	
	16	Other expenses (describe   _____)						16	32,846
	17	Total expenses. Add lines 10 through 16 						17	168,687
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-12,273
	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	51,895
	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	39,622

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	95,330	22 59,834
23 Land and buildings	304	23 120
24 Other assets (describe)	3,609	24 4,116
25 Total assets	99,243	25 64,070
26 Total liabilities (describe)	47,348	26 24,448
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	51,895	27 39,622

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 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, and other relevant information for each program title			
28 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"/>		28a	134,575
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	134,575

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Part VOther 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	
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 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 ▶ _____		
42a	The organization's books are in care of ▶ <u>SUE COLLIGAN</u> Telephone no ▶ <u>(616) 532-2300</u> 2340 PORTER ST SW Located at ▶ <u>WYOMING, MI</u> ZIP + 4 ▶ <u>49509</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)? 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? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	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

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

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 PAT KORTE, PRESIDENT		Date 2011-07-19		
Paid Preparer's Use Only	Preparer's signature JAMES L ZWIERS		Date 2011-07-19	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 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 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 0	0		
PAT KORTE 2340 PORTER STREET SW WYOMING, MI 49509	PRESIDENT 0	0		
ANNE ROSSI 2340 PORTER STREET SW WYOMING, MI 49509	VICE-PRES 0	0		
TOM BOBROWSKI 2340 PORTER STREET SW WYOMING, MI 49509	TREASURER 0	0		
KAREN WEBER 2340 PORTER STREET SW WYOMING, MI 49509	SECRETARY 0	0		
DR LAURENCE BURNS 2340 PORTER STREET SW WYOMING, MI 49509	AT LARGE DIR 0	0		
EILEEN ANDING 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
LINDA ARECHIGA 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
BETTY BESTEMAN 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
JODI BOLKEMA 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
JANE DALSASO 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
DON NOREEN DUBA 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
MIKE DUGAN 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
CONNIE EDWARDS 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
MATT KALLMAN 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
MARLENE PRINS 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		

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
SHEILA SMIGGEN 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
MARY STANLEY 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
MICHAEL TARACH 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
TRUDY VANSOLKEMA 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
ZOE WILSON 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
SUE BOOMSTA 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
DEE BENNETTE 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
SHIRLEY FRANCIS 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
CHRIS GAST 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
ARNETTE KRAUS 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
JAMES PRICE 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
SHIRLEY PRICE 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
KEVIN RAHE 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
DR RICHARD RYSKAMP 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
LYNELLE TYSON 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		
TRICIA WORRELL 2340 PORTER STREET SW WYOMING, MI 49509	DIRECTOR 0	0		

TY 2009 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	
EILEEN ANDING	
LINDA ARECHIGA	
BETTY BESTEMAN	
JODI BOLKEMA	
JANE DALSA SO	
DON NOREEN DUBA	
MIKE DUGAN	
CONNIE EDWARDS	
MATT KALLMAN	
MARLENE PRINS	
SHEILA SMIGGEN	
MARY STANLEY	
MICHAEL TARACH	
TRUDY VANSOLKEMA	
ZOE WILSON	
SUE BOOMSTA	
DEE BENNETTE	
SHIRLEY FRANCIS	
CHRIS GAST	
ARNETTE KRAUS	
JAMES PRICE	
SHIRLEY PRICE	
KEVIN RAHE	
DR RICHARD RY SKAMP	
LYNELLE TY SON	
TRICIA WORRELL	

TY 2009 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	3,609	2,435
PREPAID EXPENSES AND DEFERRED CHARGES		1,681
	3,609	4,116

TY 2009 Other Expenses Schedule

Name: GRAND RAPIDS RIGHT TO LIFE

EIN: 23-7213693

Description	Amount
EXPENSES	
PUBLIC AWARENESS - PROGRAM	17,494
COMPUTER EXPENSE	1,805
TRAVEL - PROGRAM	116
MISCELLANEOUS	3,117
SALES TAX	344
RALLIES	1,236
CONFERENCES AND MEETINGS	861
INSURANCE	512
OFFICE EXPENSES	7,361

TY 2009 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	47,348	24,448
	47,348	24,448