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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

**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 12-01-2009, and ending 11-30-2010**

<b>B</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.	<b>C</b> Name of organization GRAND RAPIDS RIGHT TO LIFE	<b>D</b> Employer identification number 23-7213693
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2340 PORTER STREET SW	<b>E</b> Telephone number (616) 532-2300
		City or town, state or country, and ZIP + 4 WYOMING, MI 49509	<b>F</b> Group Exemption Number

**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** Tax-Exempt status (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 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. ▶ \$ 318,872

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

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

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

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (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? <b>TO PROMOTE THE DIGNITY AND PROTECTION OF ALL HUMAN LIFE</b>			
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.			
<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>	134,575
<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>	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 V Other Information** (Note the statement requirements in the instructions for Part V.)

**Yes No**

<p><b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .</p>	<p><b>33</b></p>		<p>No</p>
<p><b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .</p>	<p><b>34</b></p>		<p>No</p>
<p><b>35</b> 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 why the organization did not report the income on Form 990-T . . . . .</p>			
<p><b>a</b> 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? . . . . .</p>	<p><b>35a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .</p>	<p><b>35b</b></p>		
<p><b>36</b> 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 . . . . .</p>	<p><b>36</b></p>		<p>No</p>
<p><b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____</p>			
<p><b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .</p>	<p><b>37b</b></p>		<p>No</p>
<p><b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .</p>	<p><b>38a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .</p>	<p><b>38b</b></p>		
<p><b>39</b> <i>Section 501(c)(7) organizations.</i> Enter</p>			
<p><b>a</b> Initiation fees and capital contributions included on line 9 . . . . .</p>	<p><b>39a</b></p>		
<p><b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .</p>	<p><b>39b</b></p>		
<p><b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____</p>			
<p><b>b</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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 . . . . .</p>	<p><b>40b</b></p>		<p>No</p>
<p><b>c</b> <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____</p>			
<p><b>d</b> <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____</p>			
<p><b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .</p>	<p><b>40e</b></p>		<p>No</p>
<p><b>41</b> List the states with which a copy of this return is filed ▶ _____</p>			
<p><b>42a</b> 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></p>			
<p><b>b</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)?</p>	<p><b>42b</b></p>	<p><b>Yes No</b></p>	<p>No</p>
<p>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></p>			
<p><b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?</p>	<p><b>42c</b></p>		<p>No</p>
<p>If "Yes," enter the name of the foreign country ▶ _____</p>			
<p><b>43</b> 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 . . . ▶ <b>43</b> _____</p>	<p><b>43</b></p>		
<p><b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.</p>	<p><b>44</b></p>	<p><b>Yes No</b></p>	<p>No</p>
<p><b>45</b> 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.</p>	<p><b>45</b></p>	<p><b>Yes No</b></p>	<p>No</p>

**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
<b>46</b> 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		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> 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: \*\*\*\*\* Date: 2011-07-19

Type or print name and title: PAT KORTE, PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: JAMES L ZWIERS Date: 2011-07-19 Check if self-employed:

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

Preparer's identifying number (See instructions): EIN: Phone no: (616) 392-8534

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