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Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

<u> </u>	For the	2011 Calendar year, or tax year beginning and ending							
В	Check if	C Name of organization	D Employer identific	cation number					
•	applicable	TEXAS RIGHT TO LIFE COMMITTEE							
	Addres change	EDUCATIONAL FUND							
	Name change	Doing Business As	76-0	116723					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s							
	Termin- ated		713-	782-5433					
	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,152,208.					
Ē	Applica		H(a) Is this a group re	eturn					
_	pendin		for affiliates?	Yes X No					
SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) S01(c) (
<u>+</u> ,	Mahait	mpt status. Laz 30 (0)(0)	H(c) Group exemptio	•					
			rear of formation: 1983						
_		Summary	ear or formation, 1999	J State of legal doffficile, 121					
<u> </u>		Briefly describe the organization's mission or most significant activities: SEE SCHE	DIII.E O						
ę	1	Briefly describe the organization's mission or most significant activities.	DODE O	 					
Activities & Governance	1								
/eri		Check this box If the organization discontinued its operations or disposed of r		ssets.					
ő		Number of voting members of the governing body (Part VI, line 1a)	. 3	<u>_</u>					
ಷ		Number of independent voting members of the governing body (Part VI, line 1b)	4	70					
ies	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	28					
Ĭ	6	Total number of volunteers (estimate if necessary)	6	45					
Act	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
_	bl	Net unrelated business taxable income from Form 990-T, line 34	. 7b	0.					
			Prior Year	Current Year					
ø	8 (Contributions and grants (Part VIII, line 1h)	542,884.	847,118.					
Revenue	9 1	Program service revenue (Part VIII, line 2g)	0.	0.					
28	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	225.	158.					
) "	111 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	162,205.	200,793.					
		Total revenue - add lines & through-11 (must equal Part VIII, column (A), line 12)	705,314.	1,048,069.					
	_	Grants and similar amounts paid (Rait X) column (A) times 1.3)	43,680.	79,982.					
5		Benefits paid to or for members (Part IX, column (A) line 4)	0.	0.					
_	1	Salaries, other compensation, employee benefits (Part 1X, column (A), lines 5-10)	327,396.	351,906.					
L N V	160	Professional fundraising fees (Part X Columb (A) pline 11/6/2	39,142.	58,606.					
∠ 5	l loa i	Total fundraising expenses (Part JX, column (D), line 25)							
一茶	1	Other expenses (Part IX, column (A), Imps. 11a-11d; 24e)	304,650.	367,627.					
	17		714,868.	858,121.					
20	18	Total expenses. Add lines 19-17 must equal Part X column (A), line 25)	<9,554.						
20 1 350	19	Revenue less expenses Subtract line 18 from line-12	Beginning of Current Year						
Net Assets of			232,542.	End of Year 432,059.					
SSe	20	Total assets (Part X, line 16)							
et A	21	Total liabilities (Part X, line 26)	20,220.	29,789.					
		Net assets or fund balances. Subtract line 21 from line 20	212,322.	402,270.					
	art II	Signature Block		1 11 11 (1)					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is					
true	e, correc	t, and complete. Deelaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	1.0/10					
	1	Such Joseph Graham	Date (/19/12					
Sig	jn	Signature of officer	Date ((
He	re	DR. JOSEPH GRAHAM, PRESIDENT							
		Type or print name and title	- I Dato:	LI BYIN					
Print/Type preparer's name Preparer's signature PTIN									
Paid GREGORY VAUGHN, CPA									
Pre	parer	Firm's name LAPORTE, APAC	Fırm's EİN ▶	74-1716599					
Use	e Only	Firm's address 1770 ST. JAMES PLACE, SUITE 250	_						
_		HOUSTON, TX 77056-3432	Phone no. (713)963-8008					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					
_	001 01-2			Form 990 (2011)					

Porm	t III Statement of Program Service Accomplishments
rai	
<u> </u>	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission. TO EDUCATE THE PUBLIC ABOUT HUMAN LIFE CONCERNS SUCH AS CARE FOR
	INDIVIDUALS AND GROUPS, PARENTHOOD, ABORTION, HUMAN EXPERIMENTATION,
	GENETIC ENGINEERING, INFORMED CONSENT AND RELATED MATTERS OR
	BIOETHICS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$247,986 • including grants of \$) (Revenue \$)
	DISTRIBUTION OF EDUCATIONAL INFORMATION & MATERIALS BY MAIL, FAX, EMAIL
	& TELEPHONE REGARDING HUMAN LIFE ISSUES
4b	(Code) (Expenses \$ 247,987. including grants of \$) (Revenue \$
40	(Code (Expenses) (Expenses) (Expenses) (Revenue \$)
	AMONG MEMBERS OF CHRISTIAN CHURCHES
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 495,973.
_	Form 990 (2011)

TEXAS RIGHT TO LIFE COMMITTEE

EDUCATIONAL FUND Form 990 (2011) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	Х	ľ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	1	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	L		l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	l	1	1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	,_		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	١		 ₩
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	├	┼^
h	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND

Form 990 (2011)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	.	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		i	
	Schedule K If "No", go to line 25	24a	•	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		:	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization 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			۱.,
	Schedule L, Part I	25b	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	21		-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	'		İ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ī	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u>_</u> _
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		x	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a		35a	 	<u> </u>
b		256		х
3E	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Ves " complete Schedule R. Part V. line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		 	
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		 	<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
_				2011)

EDUCATIONAL FUND | Part V | Statements Regarding Other IRS Filings and Tax Compliance

Second Second		Check if Schedule O contains a response to any question in this Part V								
tall Enter the number reported in Box 3 of Form 1096. Enter 0-1 not applicable be Enter the number of Forms W2G included in Inte 1. Enter 0-1 not applicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wirrings to prize without within the year covered by this received the control of the value of the calendar year ending with or within the year covered by this received the transmitted of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this received the transmitted of Wage and Tax Statements. By If at least one reported on the 2A, did the organization fill all required federal employment tax returns? Note: If the sum of lines 1a and 2 is greater than 250, you may be required to e-fille (see instructions). By If Yes, "has it filled a Form 990-T for this year? If No. I provide an explanation in Schedule O. By If Yes, "has it filled a Form 990-T for this year? If No. I provide an explanation in Schedule O. By If Yes, "has it filled a Form 990-T for this year? If No. I provide an explanation in Schedule O. By If Yes, "the the harms of the foreign country." See enstructions for filling requirements for Form TD F. 90-22.1, Report of Foreign Bank and Financial Accounts. By Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? By If Yes, "did the organization that of the organization that it was or is a party to a prohibited tax shelter transaction? Color If Yes, "to the Sar of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? By If Yes, "did the organization include with every solicitation an express statement that such contributions or offs were not tax deductible? For yorganizations that many receive deductible contributions under section 170(c). By If Yes, "did the organization has a number of Forms 88851 string that it was required." By If Yes, "did the organization new that were t				Yes	No					
b Enter the number of Forms W20 included in line 1s. Enter 0-f in not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 16								
gambleng) wernings to prize winners? 28 Effet the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 18 Edd for the calendar year ending with or within the year covered by this return 18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 29 Note, if the sum of lines is a and 2a is greater than 250, you may be required to e-fife (see instructions) 30 Dot the organization have unrelated business gross income of \$1,000 or more during the year? 31 If Yes, it is at filed a form 990-Tro this year? If No. *provide an explanation in Schedule O 32 If Yes, it is a filed a form 990-Tro this year? If No. *provide an explanation is or other financial accounts? 33 If Yes, it is the sum of the foreign country (such as a bank account, securities account, or other financial accounts? 34 If Yes, it is not a sum of the foreign country is the sum of the foreign country (such as a bank account, securities account, or other financial accounts? 35 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 36 If Yes, it of the San of Sb, did the organization financial form 8888-T? 37 Organizations that aware not tax deductible? 38 If Yes, it did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 38 If Yes, it did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 39 If Yes, it did the organization endough the very solicitation an express statement that such contributions or grifts were not tax deductible? 30 If Yes, it did the organization endough the very solicitation and express statement that such contributions or grifts were not tax deductible? 30 If Yes, it did the organization endough the very solicitation and express the property for which it was required to file Form 8202? 41 If Yes, it did the organization endough the surf	b									
2a Eiter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more dump the year? b if Yes, has it filed a Form 990-T for this year? If No. *provide an explanation in Schedule O b if Yes, has it filed a Form 990-T for this year? If No. *provide an explanation in Schedule O b if Yes, has it filed a form 990-T for this year? If No. *provide an explanation in Schedule O b if Yes, has it filed a form 990-T for this year? If No. *provide an explanation in Schedule O b if Yes, has it filed a form 990-T for this year? If No. *provide an explanation in Schedule O b if Yes, has it filed a form 990-T for this year? If No. *provide an explanation in Schedule O b if Yes, has the the name of the foreign country (such as a bank account, securities account, or other financial account; b if Yes, has been the name of the foreign country (such as a bank account, securities account, or other financial account; b if Yes, has been defined the organization file form 8886-T? b if Yes, has been organization and party to a prohibited tax shefter transaction? c if if Yes, to line 5 a or 5b, did the organization file form 8886-T? b if Yes, has the organization file form 8886-T? c if yes, to line so are 5b, did the organization file form 8886-T? b if Yes, if the organization file form 10 the donor of the value of the goods or services provided? b if Yes, indicate the number of forms 8822 filed during the year b if Yes, indicate the number of forms 8822 filed during the year b if Yes, indicate the number of forms 8822 filed during the year b if Yes, indicate the organization received a contribution of qualified intelle	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
the for the calendary year ending with or within the year covered by this return 2a		(gambling) winnings to prize winners?	1c	x						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b 1" Yes," has if filed a Form 990-1 for this year? If "No," provide an explanation in Schedule O 3a At any time during the calendar year, did the organization have an inferest 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)? 5b 1" Yes," the three the name of the foreign country № 5e enstructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a parry to a prohibited tax shelter transaction at any time during the tax year? 5b 1" Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c 1" Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c 1" Yes," to line 5a or 5b, did the organization in file Form 8886-17 6c 1" Yes," to line 5a or 5b, did the organization in file Form 8886-17 6d 1" Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c 1" Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d 1" Yes," did the organization receive a payment in exciss of \$5 made parity as a contribution of payment in exciss of \$5 made parity as a contribution of payment in exciss of \$5 made parity as a contribution and party for goods and services provided to the payment in exciss of \$5 made parity as a contribution and party for goods and services provided to the payment in	2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 28								
Sa	b									
b if "Yes," has if filed a Form 990-T for this year? if "No." provide an explanation in Schedule O 4a 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country Securities account, or other financial account). See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for Filing Report Filin		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
4a 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)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 8 Was the organization aprily to a prohibited tax shefter transaction of Foreign Bank and Financial Accounts. 8 Was the organization aprily to a prohibited tax shefter transaction of Foreign Bank and Financial Accounts. 8 Was the organization that of the organization file Form 8886-7? 5 Dod any taxable party notify the organization file Form 8886-7? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 If I'Yes, 'did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If I'Yes, 'did the organization sheft, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 If I'Yes, 'did the organization or for the value of the goods or services provided to the payor? 9 If I'Yes, 'did the organization received a contribution of the payor? 10 If the organization received a contribution of usualfied intellectual property for which it was required? 11 If the organization received a contribution of cars, boats, arplaines, or other vehicles, did the organization file a Form 1098-0? 12 Spossoring organizations maintaining doner advised funds and section 509(a)(3) supporting organizations. Bod his supporting organizations maintaining doner advised funds. 12 Spossoring organizations maintaining doner advised funds. 13 Dol the organizations and adributions or deformation the organizations. Bod his supporting organizations in a distribution to a dono	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shetter transaction at any time during the tax year?	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
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Form 990 (2011)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management	•	_	
			Yes	No
´ 1a	Enter the number of voting members of the governing body at the end of the tax year 1			.,,,
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۳		
, 4	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
а	The governing body?	 8а	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	••
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		_	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request		_	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
^^	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza GWENDOLYN FLEMING - 713-782-5433	tion 🕨		
	9800 CENTRE PARKWAY SUITE 200, HOUSTON, TX 77036			
3200				

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Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

(A)	(B)			() Pos	C) Ition	1		(D)	(E)	(F)
Name and Title	Average hours per	box	, unle	ss pe	rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DR JOSEPH GRAHAM								_		
PRESIDENT	8.00	X		X				0.	0.	0
						-				
N										
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	1.									
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Form **990** (2011)

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	t VII		ıstees, Key Eı	mple	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)				
	•	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)					th an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	of	
			(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fi org an	pensa rom th anizat d relat	ation ie tion ted
												_			
									-						
	Sub	• •	<u> </u>	<u></u>	<u> </u>			<u> </u>		0.		0.			0.
		I from continuation sheets to Part VI	II, Section A							0.		0.		-	0.
2	_	il (add lines 1b and 1c) I number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no re		0.000 of reportable	<u> </u>			0.
		pensation from the organization						•			· .				0
												r		Yes	No
3		the organization list any former officer, 1a? <i>If "Ye</i> s," <i>complete Schedule J for</i> s			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on		•		x
4		any individual listed on line 1a, is the su			ompe	ensa	ation	and	d otl	her compensation from	 the organization	ŀ	3_		<u> </u>
		related organizations greater than \$15									g		4		x
5		any person listed on line 1a receive or a							elat	ed organization or indiv	idual for services			_	
Sec		ered to the organization? If "Yes," com 3. Independent Contractors	piete Scheaul	e J ī	or si	ıcn	pers	son		<u> </u>			5		X
1		plete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of comp	oens:	ation 1	rom	
		organization. Report compensation for													
	(A) (B) Name and business address NONE Description of services C									_	(C		_ ,		
		Name and business	audi C33	147)IAT	<u> </u>			+	Description of s	ervices		ompe	ISalio	
											-				
							,		\dashv						
2	Tota	I number of independent contractors (i	ncluding but n	ot III	mite	d to	tho	se lis	sted	l above) who received m	ore than			_	

0

\$100,000 of compensation from the organization

TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND

Part VIII . Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns Membership dues 41,039. c Fundraising events d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 806,079 similar amounts not included above 52,405 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 847,118. **Business Code** Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 185. 185 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis 27 and sales expenses <27. c Gain or (loss) <27.⊳ <27.⊳ d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 41,039. of including \$ contributions reported on line 1c). See a 301,835 Part IV, line 18 ь 104,112. **b** Less: direct expenses 197,723 197,723. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 3,070 Part IV, line 19 b Less. direct expenses 3,070. 3,070. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d 3,043. Total revenue. See instructions. 1,048,069. 197,908. Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question in th	ıs Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				· · · · · · · · · · · · · · · · · · ·
	organizations in the United States. See Part IV, line 21	<u>5</u> ,150.	5,150.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	74,832.	74,832.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				-
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees .				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	299,625.	145,917.	118,951.	34,757.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	4,229.	2,209.	1,168. 8,185.	852.
9	Other employee benefits	24,004.	13,139.		2,680.
10	Payroll taxes .	24,048.	11,639.	9,619.	2,790.
11	Fees for services (non-employees)				
а	Management	40.400			
b	Legal .	19,182.		19,182.	
С	Accounting	3,300.		3,300.	
d	, , , , , , , , , , , , , , , , , , , ,	50 60			
е	Professional fundraising services. See Part IV, line 17	58,606.			58,606.
f	Investment management fees				
g	Other	5,304.	1,315.	570.	3,419.
12	Advertising and promotion	20 012	16 050	44.400	44 608
13	Office expenses .	39,013.	16,257.	11,120.	11,636.
14	Information technology .	23,530.	12,718.	8,393.	2,419.
15	Royalties	26 022	16 (27	12 460	- 110
16	Occupancy	36,023.	16,437.	13,468.	6,118.
17	Travel	2,091.	697.	697.	697.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	11,021.	11,021.		
19	Conferences, conventions, and meetings	11,041.	11,021.	-	
20	Interest	 			
21	Payments to affiliates	10,070.		10 070	
22	Depreciation, depletion, and amortization	9,801.		10,070.	
23	Insurance Other expenses. Itemize expenses not covered	3,001.		3,001.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EDITOR MECAULA CUMPER CU	62,356.	59,591.		2,765.
b	COLLEGE OURDENOU	50,583.	50,583.		
c	OTHER FUNDRAISING EXPEN	39,496.	27,696.	7,727.	4,073.
d	CODOTAL DURING	14,665.	14,665.	,	3,2.00
	All other expenses	41,192.	32,107.	5,136.	3,949.
25	Total functional expenses. Add lines 1 through 24e	858,121.	495,973.	227,387.	134,761.
26	Joint costs. Complete this line only if the organization	·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here X if following SOP 98-2 (ASC 958-720)				

132010 01-23-12

TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND

Par	t X	Balance Sheet			
	,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	99,338.	1	245,747.
l	2	Savings and temporary cash investments	93,409.	2	58,935.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<2,350.	> 4	<1,765.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
2	7	Notes and loans receivable, net	•	7	105,204.
Assets	8	Inventories for sale or use		8	203/2010
۲	9	Prepaid expenses and deferred charges	33,320.	9	8,368.
		Land, buildings, and equipment, cost or other	33,320.	9	0,300.
	10a		67		
		F4 A	05. 5,165.	40.	'O 160
			887.	10c	9,462. 3,335.
	11	Investments - publicly traded securities		11	3,333.
	12	Investments - other securities. See Part IV, line 11	·	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	0.773	14	0 550
	15	Other assets. See Part IV, line 11	2,773.	15	2,773.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	232,542.	16	432,059.
1	17	Accounts payable and accrued expenses	16,363.	17	28,560.
	18	Grants payable .		18	
	19	Deferred revenue _		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees	,		
ia l		highest compensated employees, and disqualified persons. Complete Part	:II		
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X o			
		Schedule D	3,857.	25	1,229.
	26	Total liabilities. Add lines 17 through 25	20,220.	26	29,789.
		Organizations that follow SFAS 117, check here and comple	te		
တ		lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	
Sala	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here			
5		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.	30	0.
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
T.A	32	Retained earnings, endowment, accumulated income, or other funds	212,322.		402,270.
					402,270.
Š	33	Total net assets or fund balances	212,322.	33	404,4/0.

Form **990** (2011)

	000 (2071)		0110,23	rag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,04		
2	Total expenses (must equal Part IX, column (A), line 25)	2			21.
3	Revenue less expenses. Subtract line 2 from line 1	3	189	9,9	48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21:	2, 3	22.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	40	2,2	70.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	<u></u>			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			• •	X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	, 🗀		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C). T		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	l on a			
	separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dıt		
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	dıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

.
Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011
Open to Public

Inspection

Name of the organization

TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND

Employer identification number

76-0116723 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III - Functionally integrated d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes No Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 Schedule A (Form 990 or 990-EZ) 2011 EDUCATIONAL FUND

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support					·	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						•
	membership fees received. (Do not						
	include any "unusual grants.")	554,883.	486,593.	493,305.	542,884.	804,579.	2882244.
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			1			
4	Total. Add lines 1 through 3	554,883.	486,593.	493,305.	542,884.	804,579.	2882244.
5	The portion of total contributions			-			
	by each person (other than a						
	governmental unit or publicly				•		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						263,350.
6	Public support. Subtract line 5 from line 4						2618894.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	554,883.	486,593.	493,305.	542,884.	804,579.	2882244.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4,874.	2,382.	335.	225.	185.	8,001.
9	Net income from unrelated business						
	activities, whether or not the				:		
	business is regularly carned on						
10	Other income. Do not include gain				-		
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						2890245.
12	Gross receipts from related activities	etc. (see instructi	ons)			12	607,421.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						▶□_
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (line 6, column (f) d	ivided by line 11, o	olumn (f))		14	90.61 %
15	Public support percentage from 2010) Schedule A, Part	II, line 14			15	93.37 %
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				\triangleright X
b	33 1/3% support test - 2010. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			. ▶∟
17a	10% -facts-and-circumstances tes	t - 2011. If the org	janization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	i ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	-	=		•		
b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire					•	▶□
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b <u>, 1</u> 7a, or 17b	o, check this box a	nd see instruction	s ▶ □
					Sche	dule A (Form 990	or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")			<u> </u>			<u> </u>
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				İ		
	iness under section 513						
4	Tax revenues levied for the organ-			ļ			
	ization's benefit and either paid to						
	or expended on its behalf			•			
5	The value of services or facilities						
•	furnished by a governmental unit to				•		
	the organization without charge						
_						1	
	Total. Add lines 1 through 5			 	+		
1 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received		 ·	+	+	 	
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	-					
	amount on line 13 for the year		-			+	
	Add lines 7a and 7b					 	
	Public support (Subtract line 7c from line 6.)	<u> </u>				.1	J
	ction B. Total Support	/ \ non=	1 (1) 0000	() 2000	1,0040	1.20044	T
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on	Ĭ					
	securities loans, rents, royalties						
	and income from similar sources		<u> </u>				
ŀ	Unrelated business taxable income					·	1
	(less section 511 taxes) from businesses						1
	acquired after June 30, 1975		<u></u>				
•	Add lines 10a and 10b						
11						•	
	activities not included in line 10b, whether or not the business is						
	regularly carned on				ŀ		
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)					1	
	First five years. If the Form 990 is fo	r the organization	's first, second, the	rd. fourth, or fifth	tax vear as a sect	on 501(c)(3) organi	zation.
	check this box and stop here	, .		,,	,	(-)(-)	▶ □
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2011 (<u>_</u>	column (fl)		15	%
16	Public support percentage from 2010		•			16	%
	ction D. Computation of Inve			<u> </u>		1.0	
	Investment income percentage for 20					17	%
	Investment income percentage from			ine 10, column (i)		18	
18	a 33 1/3% support tests - 2011. If the			on line 14 and lin	ne 15 ie more than		
19	• •	•					17 IS HOL
	more than 33 1/3%, check this box a						
ļ	33 1/3% support tests - 2010. If the						
۵-	line 18 is not more than 33 1/3%, che						` · ₹ ⊨
20	Private foundation. If the organization	on did not check a	DOX ON line 14, 19	ea, or 190, check		nstructions	
4000	122 01-24-12				C/	-namus a Ilarm Q(or wurle 71 901

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND

Employer identification number 76-0116723

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Im-		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	d only
_	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	janization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4	·)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o		r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	•	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

EDUC/	ተጥ 4	ONAT	FUNI

76-0116723 Page 2

Par	t III Organizations Maintaining Co	ollections of A	rt, His	torical Ti	reasures, o	or Oth	er Similar	Assets	(continue	<u> </u>
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following tha	it are a s	ignificant use	e of its co	llection ite	ms
	(check all that apply)				_					
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е								
c	Preservation for future generations	_							-	
4	Provide a description of the organization's co	llections and explain	n how ti	hev further t	the organizati	on's ava	mot numose	ın Part Y	IV/	
5	During the year, did the organization solicit or				_			אווון מונא	, v.	
•	to be sold to raise funds rather than to be ma					Ci Siiilia	assers		Yes 🗀	□ No
Par	t IV Escrow and Custodial Arrang					"Vec" to	Form 990 B			<u> NO</u>
	reported an amount on Form 990, Part		ste ii tiit	o organizatii	on answered	165 10	1 OIIII 330, F	art IV, III le	; 3 , 01	
12	Is the organization an agent, trustee, custodia		lian/ for	contributio	ns or other as	eate not	ıncluded			
	on Form 990, Part X?	arr or ourier arterifice	nary 101	Continuation	ilo di Otilei as	3613 1101	included		Yes 🗌	□ No
		and complete the fe	llaumaa	table.			•		res L	NO
D	If "Yes," explain the arrangement in Part XIV a	and complete the lo	llowing	table:						
	Barrage Laborat							A	mount	
	Beginning balance		••			•	1c			
ď	Additions during the year	•		•			1d			
е	Distributions during the year	•					1e			
f	Ending balance			•						
	Did the organization include an amount on Fo	rm 990, Part X, line	21?					١لــا .	Yes ∟	l No
_	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo	orm 990, Part					
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three year	s back (e) Four year	s back
1a	Beginning of year balance						_			
b	Contributions .									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities				Ì					
	and programs	-			l .					
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end haland	e (line 1	la column (a)) beld as:	<u> </u>				
	Board designated or quasi-endowment	ent year end balanc	%	ig, coluini (a)) Held as					
a		%								
	Permanent endowment	 -								
С	Temporarily restricted endowment	<u></u> %								
_	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are neld a	and administe	ered for t	ne organizati	on		T
	by							г		No
	(i) unrelated organizations	· ··				••		Г	3a(i)	
	(ii) related organizations								3a(ii)	—
b	If "Yes" to 3a(ii), are the related organizations							. L	3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X	(, line 10.						
	Description of property	(a) Cost or o			t or other		ccumulated	(d	l) Book val	ue
		basis (investr	nent)	basis	(other)	de	preciation			
1a	Land		_							
b	Buildings .									
¢	Leasehold improvements									
d	Equipment									
е	Other			(1,367.		51,905	5.	9,4	462.
	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colui	mn (B), line	10(c))		. •	-		462.
				. ,,			Sch	nedule D	(Form 990	

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Part VII Investments - Other Securities.	See Form 990, Part X, li	ne 12.		
(a) Description of security or category	(b) Book value		(c) Method of valuation:	
` (including name of security)	(b) Book value	Cos	st or end-of-year market value	
1) Financial derivatives				
Closely-held equity interests				
				
,				
(A)		· + - · · · · · · · · · · · · · · · · ·		-
(B)				
(C)				
(D)				
(E)				
(F)	<u> </u>			
	· · · · · · · · · · · · · · · · · · ·			
(G)				
(H)			 	
_(I)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13.		
			(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cos	st or end-of-year market value	
/4\				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			-	
(7)				
(8)		•		
(9)				
(10)		·		
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)	·		· · · · · · · · · · · · · · · · · · ·	١
Part IX Other Assets. See Form 990, Part X, III	ne 15.			
	a) Description		(b) Bo	ok valúe
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				,
(10)				
	ino 15)	<u> </u>		
otal. (Column (b) must equal Form 990, Part X, col (B) II Part X Other Liabilities. See Form 990, Part		•	P	
	X, line 25.			
(a) Description of liability		(b) Book value		
(1) Federal income taxes			I	
(2) PAYROLL TAXES WITHHELD		21.	I	
(3) SUI PAYABLE		184.	I	
1-1	I			
(4) OTHER PAYROLL LIABILITY I	s -			
(4) OTHER PAYROLL LIABILITIE	S	798.		
(5) NOTES PAYABLE - TRTL	S			
110,000	ES	798.		,
(5) NOTES PAYABLE - TRTL	ES	798.		,
(5) NOTES PAYABLE - TRTL (6)	ES	798.		,
(5) NOTES PAYABLE - TRTL (6) (7) (8)	ES	798.		
(5) NOTES PAYABLE - TRTL (6) (7) (8) (9)	ES	798.		
(5) NOTES PAYABLE - TRTL (6) (7) (8) (9) (10)	ES	798.		
(5) NOTES PAYABLE - TRTL (6) (7) (8) (9) (10)		798. 226.		
(5) NOTES PAYABLE - TRTL (6) (7) (8) (9) (10)		798. 226.	zation's Tiadility for Uncertain tax Dositions	·

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

TEXAS RIGHT TO LIFE COMMITTEE

Employer identification number

EDUCATI	ONAL FUND				76-0116	723
Part I Fundraising Activities required to complete this par	Complete if the organization answer t.	ered "\	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization raise Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written of key employees listed in Form 990, F If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual eart VII) or entity in connection with providuals or entities (fundraisers) purs	tion of tion of fundra (inclui	non-g gover alsing o ding o lonal f	overnment grants nment grants events fficers, directors, true undraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THE WATERS AGENCY - 6122 BEECH TREE DR, ALEXANDRIA ,	MAIL OUTS	Yes	No X	37,086.	19,794.	17,292.
TREASURE STATE DEVELOPMENT -	PHONE FUNDRAISING & MAIL OUTS		х	34,073.	10,815.	23,258.
MOUNT DEVELOPMENT SERVICES - 545 W. JUANITA AVE, MESA, AZ MELISSA CONWAY - 2301	PHONE FUNDRAISING & MAIL OUTS EVENT FUNDRAISING & PHONE		х	25,489.	0.	25,489.
DLEANDER DRIVE, DICKINSON, TX DEBBIE SIMMONS - 309 CAPEWOOD	FUNDRAISING & PHONE		х	0.	15,860.	<15,860.
DRIVE, LEAGUE CITY, TX 77573	EVENT FUNDRAISING		x	0.	5,540.	<5,540.
Total		I		96,648.	52,009.	44,639.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
		-			,	

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2011

TEXAS RIGHT TO LIFE COMMITTEE

Schedule G (Form 990 or 990 EZ) 2011 EDUCATIONAL FUND

76-0116723 Page 2

	ırt i	of fundraising Events. Complete if the of fundraising event contributions and gr	_			· · · · · · - , · · - , · · - ,
	•		(a) Event #1 CELEBRATION OF LIFE	(b) Event #2 CHAPTER DINNER	(c) Other events NONE	(d) Total events (add col. (a) through
ō			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	314,355.	16,519.		330,874.
	2	Less Chantable contributions .	38,819.	2,220.		41,039.
	3	Gross income (line 1 minus line 2)	275,536.	14,299.		289,835.
	4	Cash prizes				
ses	5	Noncash prizes .	44,905.			44,905.
Exper	6	Rent/facility costs .				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	59,207.			59,207.
	10	Direct expense summary. Add lines 4 through	h 9 ın column (d)	•	•	(104,112,
П	11	Net income summary. Combine line 3, colum				185,723.
Pa	IFE I		answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total comme (odd
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						(-,
ď	1	Gross revenue				
sesus	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes % No	Yes% No	
	7	Direct expense summary Add lines 2 through	h 5 in column (d)		•	()
	8	Net gaming income summary. Combine line	1, column d, and line 7		.	
а	Ent	ter the state(s) in which the organization operathe organization licensed to operate gaming action," explain:	ites gaming activities: _ ctivities in each of these	*		Yes No
		ere any of the organization's gaming licenses re Yes," explain			/ear?	Yes No
	_					

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND

Scho	edule G (Form 990 or 990-EZ) 2011 EDUCATIONAL FUND / 0	-011	0/4	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in	1		
	The organization's facility	13	<u>.</u>	%
	An outside facility	13		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party			
	Name			
	Address			
16	Gaming manager information:			
	Nama 🏲			
	Name			
	Gaming manager compensation ▶ \$			
	Calling manager compensation			
	Description of services provided			
		-		
		-		
	Director/officer Employee Independent contractor			
17	Mandatory distributions.			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е		
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and	(v), and	l Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ition (see	ınstru	ctions).
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:		
				
(I) NAME OF FUNDRAISER: THE WATERS AGENCY			
<u> </u>	, MILL OF FORDIATIONS. THE WATERD AGENCY			
(I) ADDRESS OF FUNDRAISER: 6122 BEECH TREE DR, ALEXANDRIA , VA	2.2	310	
<u>`</u>	,		<u>~ - ~ </u>	
<u>(I</u>) NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT			
<u>(I</u>) ADDRESS OF FUNDRAISER: 10 MICROWAVE HILL RD, MONTANA CITY,	MT	<u> 596</u>	34
7=) NAME OF FUNDRAISER: MOUNT DEVELOPMENT SERVICES			
(1				
1320	83 01-23-12 Schedule G (F	orm 990	, or 99(J-EZ) 2011

TEXAS RIGHT TO LIFE COMMITTEE

Schedu	ule G (Forr	n 990	or 990	-EZ) 2011	EDUC	CATI	ONAL	FUN	ID						76-C	0116723	Page 4
Part	IA 2h	ppier	nent	ai intorn	nation	(cont	inued)										
(I)	ADDRI	SSE	OF	FUNDE	RAISE	ER:	545	W. J	IINAU	'A AV	Ε,	MESA,	ΑZ	852	10		
	-	-			- -							-					
												<u> </u>					
(I)	NAME	OF	FUN	NDRAIS	ER:	MEI	ISSA	CON	WAY								
	-																
<u>(I)</u>	ADDRI	ESS	OF	FUNDE	RAISE	ER:	2301	OLE	ANDE	R DRI	VE,	DICK	INSO	N, T	X :	77539	
	-																
					•												
	<u> </u>																
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															-		
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									<u>.</u>								
																	
									-								
		-	<u> </u>														
			_														

Complet 1 Does the organization maintain records to substantiate the TEXAS RIGHT TO LIFI EDUCATIONAL FUND General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part

Part II

OMB No 1545-0047	2011	Open to Public		Employer identification number 76-0116723			No No		X ▲	(h) Purpose of grant or assistance																
				Emplo		Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient received more than \$5,000. Part II can be duplicated if additional space is needed	(g) Description of non-cash assistance																
	i, les	t IV, line 21 or 22.			:	y for the grants or assis		anization answered "Ye	can be duplicated if a	(f) Method of valuation (book, EMV, appraisal, other)																
	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Form 990, Par	330.			grantees' eligibility	J States.	omplete if the orga	an \$5,000. Part II	(e) Amount of non-cash assistance																
	Other Assistance , and Individuals	answered "Yes" to Fo	-				or assistance the	or assistance, the	or assistance, the	or assistance, the	unds in the United	United States.	received more th	(d) Amount of cash grant												
	Grants and Governments	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.		COMMI	COMIM	COMMI	COMINI	COMMI	COMMI	COMIN	COMINI	COMMI		COMMI	COMMI	COMIN		amount of the grants	oring the use of grant i	Organizations in the	box if no one recipien	(c) IRC section if applicable	t.			
		Сотр	TOT I OH MA		nd Assistance	o substantiate the	tance? cedures for monit	Governments and	55,000. Check this	(b) EIN																
			MUDIC DKAGE		General Information on Grants and Assistance	zation maintain records t	critena used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	d Other Assistance to	recipient that received more than \$5,000. Check this box if no one	(a) Name and address of organization or government																
EDULEI	()66 u	ment of the Treasury		e of the organization	ti General Ir	Does the organi:	cntena used to a	t II Grants an	recipient ti	(a) Name and ac or go																

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, (2011)

76-0116723

Schedule I (Form 990) (2011) EDUCATIONAL FUND

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

רמון נימון סל מעטוניסומן אמעניטומן אטמכל וא וופכעכע.					•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ORATORY CONTEST, TRAVEL & EDUCATION TO NATIONAL RIGHT TO LIFE CONFERENCE	12	4,150.	248.	AW.	TRAVEL EXPENSES AND MEAL MONEY FOR STUDENTS
YOUNG AMERICA'S FOUNDATION CONFERENCE ATTENDANCE	S	0.	2,323.FMV	FMV	AIRPLANE FLIGHT, TAXI CAB FARE, BAGGAGE FEES AND PARKING FEES FOR STUDENTS TO ATTEND YOUNG AMERICA'S FOUNDATION
SCHOLARSHIPS	53	53,326.	0		
ESSAY CONTESTS	2	400.	• 0		
NATIONAL RIGHT TO LIFE ACADEMY: SARAH RYAN	.	.0	3,521.	лиј	REGISTRATION FEES TO ATTEND THE NATIONAL RIGHT TO LIFE ACADEMY & AIRPLANE FLIGHT
Part IV Supplemental Information. Complete this part to provide the inf	de the information	formation required in Part I, line 2,	ine 2, and any other	and any other additional information.	
SCHEDULE I, PART I, LINE 2: IN 2008,	THE	TEXAS RIGHT	TO LIFE	COMMITTEE	
EDUCATIONAL FUND BEGAN TO OFFER S	SCHOLARSHIPS	ဥ	STUDENTS WHO	WHO WILL RECEIVE	
DISBURSEMENTS (TWO PER SEMESTER) O	OF \$500.	THEY MUST	DEVOTE	FIFTY HOURS	
EACH SEMESTER TO ORGANIZING PRO-LIFE	FE PROJECTS	AND	EVENTS ON TH	THEIR CAMPUSES.	
THEY MUST ALSO ATTEND SUMMER TRAININGS	IINGS HELD	AT THE	TEXAS RIGHT	TO LIFE HQ	
IN HOUSTON AND MAINTAIN A GPA OF 3	3.0 OR HIC	HIGHER. A SI	SMALL STIPEND	ND WILL BE	
PROVIDED TO COMPENSATE THEM FOR TH	THEIR TIME	AT THE TR	TRAINING AND		
MILEAGE/TRAVEL EXPENSES WILL ALSO	BE REIMBURSED.	RSED. FOR	R THE ORATORY	ORY CONTEST,	
AN INDEPENDENT PANEL OF JUDGES SCORE	THE	STUDENTS ON	A RUBRIC	SCORE. THE	

COMMITTEE	
T TO LIFE	FUND
RIGHT	LIONAL
	٠.,

76-0116723 Page 2		(f) Description of non-cash assistance	FLIGHT, HOTEL, AND REGISTRATION PAYMENTS FOR STUDENTS TO ATTEND THE MARCH FOR LIFE CONFERENCE IN		5			Schedule I (Form 990)
	(1)	(e) Method of valuation (book, FMV, appraisal, other)	FMV					
	I (Form 990), Part II	(d) Amount of non- cash assistance	10,864.FMV					
COMMITTEE	d States (Schedule	(c) Amount of cash grant	0					
LIFE COMP	duals in the Unite	(b) Number of recipients	r,					
Schedule I (Form 990) EDUCATIONAL FUND	Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	(a) Type of grant or assistance	MARCH FOR LIFE CONFERENCE ATTENDENCE					

Part IV | Supplemental Information

LOCAL CHAPTER ESSAYS ARE JUDGED BY INDEPENDENT JUDGES AND ARE SCORED BASED THE TEXAS RIGHT TO LIFE COMMITTEE ON THE STRENGTH OF THE ESSAYS. EDUCATIONAL FUND CHOOSES THE STUDENT TO ATTEND THE YOUNG AMERICA'S FOUNDATION CONFERENCE AND MEDICAL STUDENT TO ATTEND THE NATIONAL RIGHT TO LIFE ACADEMY BASED OFF RECEIPENTS INVOLVEMENT WITH THE ORGANIZATION AND AVAILABILITY. IN 2011, THE TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND STARTED A GRADUATE SCHOLARSHIP PROGRAM. STUDENTS ARE REQUIRED TO BE ENROLLED IN A TEXAS NURSING, MEDICAL, OR LAW SCHOOL; HOLD AN OFFICER POSITION IN A PRO-LIFE GROUP ESTABLISHED AT THE SCHOOL; ORGANIZE 3-4 MEETINGS EACH SEMESTER WITH A GUEST SPEAKER; HOST ONE SOCIAL EVENT EACH SEMESTER TO RECRUIT AND MAINTAIN MEMBERSHIP; VOLUNTEER TWO TIMES EACH SEMESTER WITH A PRO-LIFE GROUP; WRITE ONE ARTICLE (FOR THE TEXAS RIGHT TO LIFE NEWSLETTER) SUMMARIZING EFFORTS AT THE END OF EACH SEMESTER; IDENTIFY A NEW LEADER OF THE GROUP UPON GRADUATION; AND COMMIT FOR A MINIMUM OF TWO STUDENTS RECEIVE DISBURSEMENTS OF THE SCHOLARSHIP (TWICE A YEARS. SEMESTER) OF \$500.

IN 2011 TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND OFFERED REGISTRATION SCHOLARSHIPS TO OUR HIGH SCHOOL SUMMER CAMP. STUDENTS ARE REQUIRED TO SUBMIT A WRITTEN APPLICATION FOLLOWED BY A PHONE INTERVIEW; THE SCHOLARSHIP IS THEN DECIDED BY A TWO PERSON PANEL.

- (F) DESCRIPTION OF NON-CASH ASSISTANCE: AIRPLANE FLIGHT, TAXI CAB FARE, BAGGAGE FEES AND PARKING FEES FOR STUDENTS TO ATTEND YOUNG AMERICA'S FOUNDATION CONFERENCE
- (F) DESCRIPTION OF NON-CASH ASSISTANCE: FLIGHT, HOTEL, AND REGISTRATION PAYMENTS FOR STUDENTS TO ATTEND THE MARCH FOR LIFE CONFERENCE IN

Schedule I (Form 990) 2011

TEXAS RIGHT TO LIFE COMMITTEE

Schedule I (Form 990) 2011 EDUCATIONAL FUND	/6-U116/23 Page 2
Part IV Supplemental Information	
WASHINGTON, D.C.	
	
······································	

SCHEDULE M (Form 990).

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

tions answered "Yes" on Form
lines 29 or 30.
Open to Public

Department of the Treasury Internal Revenue Service

TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND

Inspection
Employer identification number 76-0116723

Schedule M (Form 990) (2011)

OMB No 1545-0047

Part I Types of Property (a) (b) (d) Number of Method of determining Check if Noncash contribution contributions or amounts reported on applicable noncash contribution amounts rtems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property X 3,620. 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 Food inventory .. . 19 20 Drugs and medical supplies 21 Taxidermy ... 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 169 44,905. FAIR MARKET VALUE NONCASH GOODS 25 Other -26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a b If "Yes," describe the arrangement in Part II. X 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B: CAR PROGRAM: DONORS ARE ALLOWED TO DONATE CARS,
BOATS, RV'S TO TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND THROUGH
THIS PROGRAM. DONORS CONTACT THE EDUCATIONAL FUND WITH ALL THE
INFORMATION REQUIRED (NAME, ADDRESS, VEHICLE INFO) AND THE CAR PROGRAM
COMPLETES THE PROCESS HANDLING THE LOGISTICS AND SELLING AT AUCTION.
THE CAR PROGRAM THEN SENDS A CHECK TO THE EDUCATIONAL FUND FOR THE
AMOUNT OF THE PROCEEDS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND

Employer identification number 76-0116723

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO EDUCATE THE PUBLIC ABOUT HUMAN LIFE CONCERNS SUCH AS CARE FOR
INDIVIDUALS AND GROUPS, PARENTHOOD, ABORTION, HUMAN EXPERIMENTATION,
GENETIC ENGINEERING, INFORMED CONSENT AND RELATED MATTERS OF BIOETHICS.
FORM 990, PART VI, SECTION A, LINE 2: DR. JOSEPH GRAHAM (PRESIDENT) IS
THE FATHER OF JAMES GRAHAM (EXECUTIVE DIRECTOR). ELIZABETH GRAHAM
(DIRECTOR) IS JAMES' WIFE. DR. GRAHAM IS ELIZABETH'S FATHER-IN-LAW.
FORM 990, PART VI, SECTION B, LINE 11: BOOKS AND RECORD KEEPER THOROUGHLY
REVIEWS RETURN AND PRESENTS TO DIRECTOR FOR FINAL APPROVAL AND SIGNATURE.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST
AMENDED RETURN:
THIS RETURN IS BEING AMENDED TO CORRECT INFORMATION REPORTED ON THE
ORIGINAL RETURN.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ★ Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 76-0116723

Direct controlling entity

End-of-year assets **e** Total income € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) ► Attach to Form 990. TEXAS RIGHT TO LIFE COMMITTEE Primary activity <u>@</u> EDUCATIONAL FUND Name, address, and EIN of disregarded entity Name of the organization Part

Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax veer.)

	(9)	controlled	entity?	No			×			×			
	, de	8	•	Yes									
	£	Direct controlling	entity										
	(e)	Public charity	status (if section	501(c)(3))									
	(p)	Exempt Code	section				501C (4)			527			
	(0)	Legal domicile (state or	foreign country)				TEXAS			TEXAS			
	(q)	Pnmary activity				EDUCATE GENERAL PUBLIC ON	HUMAN LIFE CONCERNS	ENDORSE & SUPPORT PRO LIFE	CANDIDATES FOR PUBLIC	OFFICE			
organizations during the tax year.	(a)	Name, address, and EIN	of related organization		TEXAS RIGHT TO LIFE COMMITTEE, INC	23-7373806, 9800 CENTRE PARKWAY, SUITE 200,	HOUSTON, TX 77036	TEXAS RIGHT TO LIFE POLITICAL ACTION	COMMITTEE - 01-0735215, 9800 CENTRE PARKWAY, CANDIDATES FOR PUBLIC	SUITE 200, HOUSTON, TX 77036			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

36

Schedule R (Form 990) 2011

76-0116723

Page 2

TEXAS RIGHT TO LIFE COMMITTEE

EDUCATIONAL FUND Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)	income related, tax under 2-514)	(f) Share of total income	(g) Share of tend-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership partner? Yes No
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	janizations Taxable as poration or trust during	s a Corpo	oration or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related year.)	mplete if the	organizatio	n answered "Yes"	to Form 990, Par	t IV, line 34	because it had	one or mo	e related
(a) Name, address, and EIN of related organization	Z c		(b) Primary activity		(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
						;					
										•	
										_	
132162 01-23-12	1			37					Schedu	ile R (Forn	Schedule R (Form 990) 2011

Page 3

TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND

Schedule R (Form 990) 2011 EDUCATIONAL FUN

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

201	m 990)	* (For	Schedule R (Form 990) 201		38	132163 01-23-12
						(6)
						(5)
						(4)
						(6)
						(2)
						(1)
			(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
			information on who must complete this line, including covered relationships and transaction thresholds.	this line, including covered	no must complete	ģ
×	Ц	⊨				
∺×		5				
×		₽				
	×	ę				
×	L	Ę			(a)	n Shanna of paid employees with related organization(s)
×		ξ.			on(s)	m Sharmo of facilities equipment mailing lists, or other assets with related organization(s)
×	<u> </u>	=			nization(s)	
×		¥			nization(s)	k Performance of services or membership or fundraising solicitations for related organization(s)
×	_					j Lease of facilities, equipment, or other assets from related organization(s)
×		=				i Lease of facilities, equipment, or other assets to related organization(s)
×		ŧ				
×	_	<u>6</u>				
×	-	=				f Sale of assets to related organization(s)
×		9				e Loans or loan guarantees by related organization(s)
	×	19				
	×	15				c Gift, grant, or capital contribution from related organization(s)
×		1b				
×		1a)		_
	2		n Parts II-IV?	related organizations listed	s with one or more I	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
	1					

TEXAS RIGHT TO LIFE COMMITTEE

Schedule R (Form 990) 2011 EDUCATIONAL FUND

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

ا مے ا	1		1	ı	I	1	I	ls
(k) rcentag vnershı				;				
9 9 9								
(j) General or managing partner? Yes No								
Code V-UBI General or Percentage amount in box 20 partner? ownership (Form 1065) Yes No								Schedule B (Form 900) 2011
(h) Disproportionate allocations? Yes No								
Disp Orsp			<u>-</u> .					
(g) Share of end-of-year assets							į	
(f) Share of total Income								
(e) Are all partners sec 501(c)(3) orgs Yes No								
e partn								
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)								
cile ergn								
(c) Legal domicile (state or foreign country)								
activity								
(b) Primary activity					:			
(a) (b) Name, address, and EIN Primary activity of entity								

TEXAS RIGHT TO LIFE COMMITTEE EDUCATIONAL FUND

Schedule R	(Form 990) 2011	EDUCATIONAL	FUND		76-0116723 Page 5
Part VII	Supplemental Infor	rmation			
			on for responses to question	ons on Schedule R (see instr	uctions)
•					-
					
					J
	 				-
					
			_		
					
					
					
-					
			_		
					

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property) ► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Sequence No 179 Identifying number

Name(s) shown on return TEXAS RIGHT TO LIFE COMMITTEE Business or activity to which this form relates

990

EDU	CATIONAL FUND			FOR	M 990 E	AGE 10		76-0116723
Par	t I Election To Expense Certain Proper	ty Under Section 1	79 Note: If yo	ou have any lis	ted property,	complete Part	V before y	ou complete Part I
1 M	aximum amount (see instructions)						1	500,000.
2 To	otal cost of section 179 property place	d in service (see	instructions)			2	
3 Th	reshold cost of section 179 property	before reduction	in limitation				3	2,000,000.
4 R	eduction in limitation, Subtract line 3 fi	rom line 2. If zero	or less, ent	er -0-		•	4	
	ollar limitation for tax year Subtract line 4 from line				Instructions	•	5	
6	(a) Description of pro			(b) Cost (busin		(c) Electe	d cost	<u> </u>
		<u> </u>						
								-
		-						
7 Li	sted property. Enter the amount from	line 29			7			
8 To	otal elected cost of section 179 prope	rty. Add amounts	in column (c), lines 6 and	7		8	
9 Te	entative deduction. Enter the smaller	of line 5 or line 8				•	9	
10 C	arryover of disallowed deduction from	line 13 of your 2	010 Form 45	662			10	"
11 B	usiness income limitation. Enter the sr	naller of business	s income (no	t less than zer	ro) or line 5		11	
12 S	ection 179 expense deduction. Add lir	nes 9 and 10, but	do not ente	er more than lir	ne 11		12	
13 C	arryover of disallowed deduction to 20	12. Add lines 9 a	and 10, less	line 12	▶ 13			
	Do not use Part II or Part III below for	listed property I	nstead, use	Part V.				
Par	t II Special Depreciation Allowa	nce and Other D	epreciation	(Do not include	de listed prop	erty.)		
14 S	pecial depreciation allowance for quali	fied property (oth	ner than liste	ed property) pl	aced in servic	e dunng		
th	ie tax year				•		14	7,331.
15 P	roperty subject to section 168(f)(1) ele	ction .			•		. 15	
_	ther depreciation (including ACRS)				<u> </u>		16	
Par	t III MACRS Depreciation (Do no	t include listed pi)			
				ection A				0 1 - 1
17 M	IACRS deductions for assets placed in	service in tax ye	ears beginnii	ng before 2011	1	·	_ <u>17</u>	2,151.
18 If y	you are electing to group any assets placed in serv						<u> </u>	
	Section B - Assets	(b) Month and	·	or depreciation	. 	nerai Depreci	ation Syste	em
	(a) Classification of property	year placed in service	(business/i	nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property			•				
b	5-year property			4,683.	5 YRS.	MQ	200DB	234.
С	7-year property	;		2,380.	7 YRS.	MQ	200DB	354.
d	10-year property							
_ е	15-year property	_						
f	20-year property	1						
g	25-year property	ļ			25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM_	S/L	
		/	<u> </u>			MM	S/L	
	Section C - Assets P	laced in Service	During 201	1 Tax Year U	sing the Alter	native Depre	ciation Sys	stem
<u>20a</u>	Class life	_					S/L	
<u>b</u>	12-year	 			12 yrs.		S/L	
Dor	40-year	/	L		40 yrs.	MM	S/L	
Par	······································						<u> </u>	
	isted property. Enter amount from line						21	
	otal. Add amounts from line 12, lines 1	•			•			10 070
	nter here and on the appropriate lines	•	-	-	tions - see ins	tr.		10,070.
	or assets shown above and placed in	-	e current ye	ar, enter the				
116251	ortion of the basis attributable to section				. 23			Form 4562 (2011)

Ea.	4E60	(2011)		AS RIC				E CO	MMIT'	TEE	}			76-	0116	723	D 6
_	m 4562	Listed Proper						los cort	ain comi	outon	and pro	norty us	ad for a				
<u> </u>	art V	amusement.)	•								•				•	,	
	•	Note: For any through (c) of S	Section A, all	of Section	B, and	d Sect	tion C if	applical	ble.		<u> </u>			_	<u> </u>		nns (a)
			- Depreciation							struc	tions for li	mits for	passeng	er autor	nobiles)		
<u> 24a</u>	Do you	have evidence to s	support the bu	siness/inves	tment u	ıse cla	ımed?	<u> </u>	es	No	24b If "Y	es," is t	he evide	nce writ	ten? 🔔	Yes L	No
		(a) of property hicles first)	(b) Date placed in service	(c) Busine investm use perce	ent		(d) Cost or ner basis	(bus	(e) is for depre siness/inves use only)	tment	(f) Recovery period	Me	(g) ethod/ vention	Depre	(h) eciation uction	Elec sectio	(i) cted in 179 ost
25	•	depreciation all		•	•	perty	placed	ın servic	e during	the t	ax year ar	nd					
		ore than 50% in											25	<u>i</u>			
<u> 26</u>	Proper	ty used more tha	ın 50% in a c	ualified bu	siness	use:											
			<u> </u>		%			_				ļ		<u> </u>			
				ļ	_%							<u> </u>		ļ			
				<u> </u>	%							<u> </u>					
<u>27</u>	Proper	ty used 50% or le	ess in a qual	fied busine	ss use	€.					,	_					
					%							S/L·					
					%							S/L -					
					%							S/L -					
28	Add an	nounts in column	(h), lines 25	through 27	'. Ente	r here	and on	line 21,	, page 1				. 28				
29	Add an	nounts in column	ı (i), lıne 26. E	nter here a	ind on	line 7	', page '	1							29		
			-		Sect	tion E	3 - Infor	mation	on Use	of Vel	hicles						
If y		his section for ve ded vehicles to y cles.													ing this s	section fo	or
					ı	(a	1)	(1	b)		(c)	((d)	(e)	(f)
30	Total bu	siness/investment	siness/investment miles driven during the			Vehic		Vel	nicle	١	/ehicle	Vehicle		Vel	nicle	Vehicle	
	year (de	not include comi	muting miles)														
31	Total c	ommuting miles	driven during	the year	L.			<u> </u>				·					
32	Total o	ther personal (no	oncommuting) miles													
33	Total m	niles driven durin	g the year.														
	Add lin	es 30 through 32	2									l		1			
34	Was th	ie vehicle availab	le for person	al use		Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
		off-duty hours?			F									ļ			_
35		e vehicle used p		more					1					1			
		% owner or relat	•		\vdash			-				 	 	-			
36		her vehicle availa	able for perso	onai													
	use?			<u> </u>					1		_i	<u>L</u>	1	l			
An	swer the	ese questions to	Section C determine if									_			re not m	ore than	5%
_		related persons.														 -	
37	Do you	ı maıntaın a writt	en policy sta	tement tha	t prohil	bits a	II persoi	nal use o	of vehicle	es, inc	luding co	mmuting	g, by yοι	ır		Yes	No
	employ	ees?										-					
38	Do you	ı maıntaın a writt	en policy sta	tement tha	t prohil	bits p	ersonal	use of v	/ehicles,	excep	ot commu	ling, by	your				
	employ	ees? See the in:	structions for	r vehicles u	sed by	corp	orate of	fficers, c	lirectors,	or 19	6 or more	owners					ـــــ
39	Do you	treat all use of v	ehicles by e	mployees a	s pers	onal u	use?										L
40	Do you	provide more th	an five vehic	les to your	emplo	yees,	obtain	ınformat	tion from	your	employee	s about					
	the use	e of the vehicles,	and retain th	ne informat	on rec	eived	!?		•		•				•		<u> </u>
41	Do you	meet the require	ements conc	eming qua	lified a	utom	obile de	monstra	ation use	?							
	Note:	f your answer to	37, 38, 39, 4	0, or 41 is	"Yes,"	do no	t comp	lete Sec	tion B fo	r the c	covered ve	ehicles .					
P	art VI	Amortization															
		(a) Description of	of costs		(b) Date amor begir	rtization		(C) Amortizal amount			(d) Code section		(e) Amortiz period or pe	ation		(f) nortization or this year	

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year					
42 Amortization of costs that begins during your 2011 tax year										
43 Amortization of costs that began before your	43									
44 Total. Add amounts in column (f). See the inst	44									

116252 11-18-11

Form **4562** (2011)

Form **8868** (Rev *January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

-	ire filing for an Automatic 3-Month Extension, complet				>	X			
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	this form)					
	omplete Part II unless you have already been granted a								
	c filing (e-file) You can electronically file Form 8868 if y								
	o file Form 990 T), or an additional (not automatic) 3-mor								
	file any of the forms listed in Part I or Part II with the exc								
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details o	in the elec	tronic filing of this	form,			
	irs gov/efile and click on e-file for Charities & Nonprofits.			- al a al)					
Part I	Automatic 3-Month Extension of Time								
,	ation required to file Form 990 T and requesting an auton	natic 6-mo	onth extension - check this box and (complete	_				
Part I only					•	• []			
	corporations (Including 1120-C filers), partnerships, REM. ome tax returns	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time				
Туре ог	Name of exempt organization or other filer, see instru-	ctions.		Employer	dentification num	ber (EIN) or			
print	TEXAS RIGHT TO LIFE COMMIT	PEE							
e	EDUCATIONAL FUND			X	76-01167	23			
File by the due date for	Number, street, and room or suite no. If a P O box, se		tions	Social se	curity number (SSI	3N)			
filing your return See	9800 CENTRE PARKWAY, NO. 20	00							
instructions	City, town or post office, state, and ZIP code For a for HOUSTON, TX 77036	oreign add	ress, see instructions.						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
Applicati	on	Return	Application			Return			
is For		Code	Is For			Code			
Form 990		01	Form 990-T (corporation)		07				
Form 990)-BL	02	Form 1041-A		08				
Form 990)-EZ	01	Form 4720	09					
Form 990)-PF	04	Form 5227			10			
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above) 06 Form 8870									
	TERESA DOYLE								
• The be	ooks are in the care of P 9800 CENTRE PAI	RKWAY	SUITE 200 - HOUST	ON, T	X 77036				
•	none No. ► 713-782-5433		FAX No 🕨						
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box 👝 👝			• <u> </u>			
If this	is for a Group Return, enter the organization's four digit								
box 🕨	If it is for part of the group, check this box		ach a list with the names and EINs o		ers the extension i	s for			
1 I re	equest an automatic 3-month (6 months for a corporation	•	ŕ						
	AUGUST 15, 2012 , to file the exemp	t organiza	ition return for the organization name	ed above	The extension				
	or the organization's return for								
	X calendar year 2011 or								
	tax year beginning	, an	nd ending		 ·				
0 16.41	ha tour war antarad in line 1 in fav land their 10 months.	haal room	on Initial return	Final retur	··•				
2 f ti	he tax year entered in line 1 is for less than 12 months, c	Heck reas	ion midal return	riisai retur	11				
	Change in accounting period	_			y				
	his application is for Form 990-BL, 990-PF, 990-T, 4720, in nrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less any	3a	\$	0.			
	his application is for Form 990 PF, 990 T, 4720, or 6069,	enter any	refundable credits and	- 00					
estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$									
	lance due, Subtract line 3b from line 3a. Include your pa			1 35	† * -	0.			
	by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 0.								
	If you are going to make an electronic fund withdrawal								
	For Privacy Act and Paperwork Reduction Act Notice,				Form 8868 (f				
<i></i>	The state of the s	222			2000 (

Form 8868 (Rev. 1-2012)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, o	complete only Part II and check this	box		№ [X]		
Note. Only complete Part II if you have already been granted an				8868	,		
• If you are filing for an Automatic 3-Month Extension, comple							
Part II Additional (Not Automatic) 3-Month E			al (no c	opies nee	eded)		
					see instructions		
Type or Name of exempt organization or other filer, see instru	uctions				on number (EIN) or		
print TEXAS RIGHT TO LIFE COMMITTEE							
File by the EDUCATIONAL FUND			X	76-01	16723		
due date for Number, street, and room or suite no. If a P.O. box, s	see instruc	tions		curity numb			
return See 9800 CENTRE PARKWAY, NO. 20	· · · · · · · · · · · · · · · · · · ·	0, (00.1)					
instructions City, town or post office, state, and ZIP code For a f		iress, see instructions	<u> </u>				
HOUSTON, TX 77036	3						
Enter the Return code for the return that this application is for (fil	e a separa	ite application for each return)			0 1		
	r				لغلغا		
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990	01						
Form 990 BL	02	Form 1041-A			08		
Form 990-EZ	01	Form 4720		··	09		
Form 990 PF	04	Form 5227					
Form 990 T (sec 401(a) or 408(a) trust)	05	Form 6069					
Form 990-T (trust other than above)	06	Form 8870	11				
STOP ¹ Do not complete Part II if you were not already granted	d an autor		iously file	d Form 886			
TERESA DOYLE							
• The books are in the care of ▶ 9800 CENTRE PA	RKWAY	SUITE 200 - HOUST	ON. T	x 7703	6		
Telephone No ► 713-782-5433		FAX No. ▶					
If the organization does not have an office or place of business	s in the U	nited States, check this box			•		
If this is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	f this is fo	r the whole	group, check this		
		ach a list with the names and EINs of					
		BER 15, 2012					
5 For calendar year 2011, or other tax year beginning		, and endin	g				
6 If the tax year entered in line 5 is for less than 12 months, of	check reas		Final	eturn			
Change in accounting period							
7 State in detail why you need the extension							
ALL INFORMATION NECESSARY TO	PREPA	RE A COMPLETE AND	ACCUR	ATE TA	X RETURN		
HAS NOT YET BEEN RECEIVED.							
8a If this application is for Form 990 BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
nonrefundable credits. See instructions			8a	\$	0.		
b If this application is for Form 990 PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated					
tax payments made Include any prior year overpayment a							
previously with Form 8868			8b	\$	0.		
c Balance due. Subtract line 8b from line 8a Include your p	ayment wi	th this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System) See instr	ructions		80	\$	0.		
Signature and Verifica	tion mu	st be completed for Part II o	only.				
Under penalties of perjury, I declare that I have examined this form, inclu-	ding accom	panying schedules and statements, and to	the best o	f my knowled	ige and belief,		
it is true, correct, and complete, and that I am authorized to prepare this I							
Signature ► Title ►			Date	<u> </u>			
				Form 8	8868 (Rev 1 2012)		

Form 8868 (Rev 1 2012