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# SCANNED DEC 20

Form **990** 

# **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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

benefit trust or private foundation)

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

| Ā                       | For the     | 2011 cale                             | ndar year, or tax year beginning April 1 , 2011,  | and ending                            | Marc            | h 31              | , 20 12                               |                 |
|-------------------------|-------------|---------------------------------------|---|---------------------------------------|-----------------|-------------------|---------------------------------------|-----------------|
| В                       | Check if    | applicable                            | C Name of organization PARENTALRIGHTS.ORG   |                                       |                 | D Employe         | er identification n                   | umber           |
|                         | Address     |                                       | Doing Business As   |                                       |                 |                   | 20-8490398                            |                 |
| $\bar{\Box}$            | Name ch     | *                                     | Number and street (or P O box if mail is not delivered to street address)   | Room/suite                            | ,               | E Telephor        | ne number                             | -               |
| Ē                       | Initial ret | •                                     | PO BOX 1090   |                                       |                 |                   | 540-751-1200                          |                 |
| Ħ                       | Terminal    |                                       | City or town, state or country, and ZIP + 4   | .1                                    |                 |                   |                                       |                 |
| $\overline{\Box}$       | Amende      |                                       | Purcellville, VA 20134  |                                       |                 | <b>G</b> Gross re | eceipts \$                            | 445,071         |
| $\exists$               |             | on pending                            |   |                                       |                 |                   | for affiliates? <b>Yes</b>            |                 |
|                         | Аррисас     | ion pending                           | Michael P. Farris, PO Box 1090, Purcellville, VA 20134  |                                       |                 |                   | icluded? Yes                          |                 |
|                         | Tay aya     | mpt status                            | ☐ 501(c)(3)   | 527                                   |                 |                   | list (see instruction                 |                 |
| <del>'</del>            | Website     |                                       | w.parentalrights.org  | <u> </u>                              | H(c) Group      | exemption         | number >                              |                 |
| <del>У</del>            |             |                                       |   | ear of formatio                       |                 | 1                 | of legal domicile                     | VA              |
|                         | art I       | Summ                                  |   | our or rormano                        | 2007            | I W Oldto         | or regar derinant                     |                 |
|                         | 1           |                                       | escribe the organization's mission or most significant activities   | <u> </u>                              |                 |                   |                                       |                 |
|                         | '           |                                       | rights org exists to end the erosion of parental rights in the United   |                                       | stonning the    | ratificat         | uon of the LINC                       | BC              |
| S                       |             |                                       | lations Convention on the Rights of the Child) and passing a cons   |                                       |                 |                   |                                       |                 |
| Activities & Governance |             |                                       | egenerations.   |                                       |                 | ccuing            | parentarrigins                        |                 |
| /en                     |             |                                       | us box ▶ ☐ if the organization discontinued its operations or d   | lienceed of                           | more than       | 25% of            | ite not accote                        |                 |
| ő                       | 2           |                                       | of voting members of the governing body (Part VI, line 1a)  |                                       |                 | 3                 | its fiet assets.                      | 11              |
| ∞ 5                     | 3           |                                       | of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI |                                       |                 | 4                 | · · · · · · · · · · · · · · · · · · · | 10              |
| ies                     | 4           |                                       |   |                                       |                 | 5                 |                                       |                 |
| ξ                       | 5           |                                       | mber of individuals employed in calendar year 2011 (Part V, line  | e zaj                                 |                 | -                 |                                       | 24              |
| Ac                      | 6           |                                       | mber of volunteers (estimate if necessary)  | •                                     |                 | 6                 |                                       | 136             |
|                         | 7a          |                                       |   |                                       | • •             | 7a                |                                       |                 |
|                         | b           | Net unre                              | lated business taxable income from Form 990-T, line 34  | · · ·                                 | Prior Ye        | 7b                | Current Y                             |                 |
| Revenue                 |             | <b>0</b>                              | 4   |                                       | FIIOI TO        |                   | Current                               |                 |
|                         | 8           |                                       | tions and grants (Part VIII, line 1h)   | •                                     |                 | 434,465           |                                       | 445,040         |
|                         | 9           | _                                     | service revenue (Part VIII, line 2g)  | · · ·                                 |                 | 1,397             |                                       |                 |
| ě                       | 10          |                                       | ent income (Part VIII, column (A), lines 3, 4, and 7d)  | ·                                     |                 | 93                |                                       | 31              |
| _                       | 11          |                                       | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                                       |                 | 7,503             |                                       |                 |
|                         | 12          |                                       | enue-add lines 8 through 11 (must equal Part VIII, column (A), fi   | ine 12)                               |                 | 443,458           |                                       | 445,071         |
|                         | 13          |                                       | nd similar amounts paid (Part IX, column (A), lines 1-3)  | · ·                                   |                 |                   |                                       |                 |
|                         | 14          |                                       | paid to or for members (Part IX, column (A), line 4)  | · :  -                                |                 |                   |                                       |                 |
| es                      | 15          |                                       | other compensation, employee benefits (Part IX, column (A), lines   | i 5–10)  _                            |                 | 411,298           |                                       | 286,110         |
| Expenses                | 16a         |                                       | onal fundraising fees (Partix Column (A) [ ine 11e)   | · ·  _                                |                 |                   |                                       |                 |
| ă                       | b           | Total fun                             | idraising expenses (Part X. column (D), line 25) 74, 8 0  | <b>9</b>                              |                 |                   |                                       |                 |
| щ                       | 17          | Other ex                              | penses (Part IX, column (A), lines 11a-11d, 11f-200)  |                                       |                 | 200,168           |                                       | 195,222         |
|                         | 18          | Total exp                             | penses. Add lines 13월17 (m시원 남이)의 분대간(시간이니까) (A), line 2  | :5) .                                 |                 | 611,466           | <del>_</del>                          | 481,332         |
|                         | 19          | Revenue                               | less expenses Suptract line 18 from line 12   | · · · · · · · · · · · · · · · · · · · | <del></del>     | 168,008)          |                                       | (36,261)        |
| Net Assets or           |             |                                       | sets (Part X, line 16) OGDEN, UT.   | Be                                    | ginning of Cui  |                   | End of Ye                             |                 |
| set                     | 20          |                                       |   |                                       |                 | 38,479            |                                       | 118,672         |
| at As                   | 21          |                                       | oilities (Part X, line 26)  |                                       |                 | 204,542           |                                       | 320,996         |
|                         |             |                                       | ets or fund balances Subtract line 21 from line 20  |                                       | (               | 166,063)          |                                       | (202,324)       |
| Р                       | art II      | Signa                                 | ture Block  |                                       |                 |                   |                                       |                 |
| Ur                      | nder pena   | alties of perju                       | ury, I declare that I have examined this return, including accompanying schedule  | es and statem                         | ents, and to th | e best of n       | ny knowledge and                      | J belief, it is |
| tru                     | ie, correc  | t, and comp                           | elete Declaration of preparer (other than officer) is based on all information of wh                                    | nich preparer r                       | as any knowie   | eage              | .,                                    |                 |
|                         |             | 1 4                                   | 9) (rus)  |                                       |                 |                   | 112                                   |                 |
| Sign<br>Here            |             | A CONTRACT                            | nature of officer   |                                       | Dat             | е                 |                                       |                 |
|                         |             | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Domes 4. Bentley Executive Dire   | ector_                                |                 |                   |                                       |                 |
|                         |             | 1,                                    | e or print name and title   |                                       |                 |                   |                                       |                 |
| Pa                      | aid         | Print/Ty                              | ype preparer's name Preparer's signature  | Date                                  | Э               | Check [           | ☐ if PTIN                             |                 |
|                         | epare       | er                                    |   |                                       | · ·             | self-em           | oloyed                                |                 |
|                         | se On       | 1                                     | name ►  |                                       | Fırm            | 's EIN ▶          |                                       |                 |
|                         |             | Firm's a                              | address ▶   |                                       | Pho             | ne no             |                                       |                 |
| Ma                      | y the II    | RS discus                             | s this return with the preparer shown above? (see instructions  |                                       |                 |                   | ☐ Ye                                  | s 🗌 No          |
| For                     | Paper       | work Redu                             | uction Act Notice, see the separate instructions.   | Cat No                                | 11282Y          |                   | Form                                  | 990 (2011)      |

| Page | 2 |
|------|---|
|      |   |

| Part |   |                                  |                                       |                  |
|------|---|----------------------------------|---------------------------------------|------------------|
|      | Check if Schedule O contains a response   | to any question in this Par      | t III <u></u>                         | 🗓                |
| 1 `  | Briefly describe the organization's mission:  | the rights of parents to direct  | t the unbringing and education of the | hair children    |
|      | To secure a constitutional amendment that defends Without secured parental rights, the vital child-pare | nt relationship is exposed to    | the imminent danger nosed by anti-    | narent uidnes    |
|      | within the federal courts, as well as to the risks of in  |                                  |                                       | parentjaages     |
|      | Within the lederal courts, as well as to the risks of in  | iterriational law writer seeks t |                                       |                  |
| 2    | Did the organization undertake any significant pro  | param services during the v      | ear which were not listed on the      | <del></del>      |
| _    | prior Form 990 or 990-EZ?   |                                  |                                       | ☐ Yes ☑ No       |
|      | If "Yes," describe these new services on Schedule   | e O.                             |                                       |                  |
| 3    | Did the organization cease conducting, or ma  |                                  | how it conducts, any program          |                  |
|      | services?   | <del>-</del>                     |                                       | ☐ Yes ☑ No       |
|      | If "Yes," describe these changes on Schedule O.   |                                  |                                       |                  |
| 4    | Describe the organization's program service acc   | omplishments for each of its     | s three largest program services,     | , as measured by |
|      | expenses. Section 501(c)(3) and 501(c)(4) organ   | nizations and section 4947(      | (a)(1) trusts are required to repo    | rt the amount of |
|      | grants and allocations to others, the total expense   | es, and revenue, if any, for e   | each program service reported.        |                  |
|      |   |                                  |                                       |                  |
| 4a   | (Code: ) (Expenses \$ 236,022 i   | including grants of \$           | <b>0</b> ) (Revenue \$                | 31 )             |
|      | Education of U.S. citizens to the imminent danger p   |                                  |                                       | o the risks of   |
|      | international law which seeks to undermine the pare   | ental role in the upbringing ar  | nd education of their children.       |                  |
|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
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|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
| 4b   | (Code: ) (Expenses \$ 139,957   | including grants of \$           | ) (Revenue \$                         | )                |
| -,   | Lobbying of the U.S. Congress to sponsor the Pare   | ntal Rights Amendment.           | , , , , , , , , , , , , , , , , ,     | /                |
|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
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|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
|      | (O-d-) \/F\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | including grants of ¢            | \/Payanua \$                          |                  |
| 4c   | (Code:) (Expenses \$  | including grants of \$           | ) (Develue a                          |                  |
|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
|      |   |                                  | ·                                     |                  |
|      |   |                                  | ·                                     |                  |
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|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
|      |   |                                  |                                       |                  |
| 4d   | Other program services (Describe in Schedule O.   |                                  |                                       |                  |
|      | (Expenses \$ including grants of \$   |                                  | ie \$ )                               |                  |
| 4e   | Total program service expenses ▶  | 375,979                          |                                       |                  |

| Rart   | Checklist of Required Schedules  |           |               |          |
|--------|--|-----------|---------------|----------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |           | Yes           | No       |
| •      | complete Schedule A  | 1         |               | 1        |
| 2<br>3 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3         | <b>√</b>      | _        |
| 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   |           |               | <b>-</b> |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   | 4         |               | <u> </u> |
|        | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5         |               | <b>✓</b> |
| 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         |               | <b>✓</b> |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  | 7         |               | 1        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8         |               | 1        |
| 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         |               | /        |
| 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        |               | 1        |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.   |           |               |          |
| 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       |               | 1        |
| 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       |               | <b>✓</b> |
| С      | 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       |               | 1        |
| 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       |               | 1        |
| _      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e       | ✓             | <u> </u> |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f       |               | <b>✓</b> |
|        | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12a       | ✓             |          |
|        | 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       |               | ✓        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13<br>14a |               | <b>✓</b> |
| 14 a   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   | 140       |               | <b>-</b> |
| J      | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b       |               | 1        |
| 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        |               | 1        |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  | 16        |               | 1        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17        |               | 1        |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18        |               | 1        |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  | 19        |               |          |
| 20 a   | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a       |               | 1        |
| b      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b       |               |          |
|        |  | Forr      | n <b>99</b> 0 | (2011)   |

| Rart     | Checklist of Required Schedules (continued)   |            |       |          |
|----------|---|------------|-------|----------|
| 21       | Did the organization report more than \$5,000 of grants and other assistance to any government or organization  |            | Yes   | No       |
| 21       | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |       | 1        |
| 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         |       | <b>✓</b> |
| 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         |       | <b>√</b> |
| 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 Schedule K. If "No," go to line 25                             | 24a        |       | ✓        |
|          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24b<br>24c |       | <b>√</b> |
| d<br>25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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     | 24d<br>25a |       | √<br>✓   |
| b        | 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 Schedule L, Part I                                       | 25b        |       | <b>√</b> |
| 26       | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26         |       | 1        |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27         |       | 1        |
| 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).   |            | _     |          |
| a<br>b   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a<br>28b | ✓     | 1        |
| С        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c        |       | 1        |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                         | 30         |       | <b>√</b> |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |       | 1        |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32         |       | 1        |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |       | 1        |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34         |       | ✓        |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a<br>35b |       |          |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36         |       |          |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  | 37         |       | <b>→</b> |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38         | 1     |          |
|          |   | r          | , aan | /0011    |

| Part         |  |          |          |             |
|--------------|--|----------|----------|-------------|
| •            | Check if Schedule O contains a response to any question in this Part V   | •        | Yes      | No          |
| 1a<br>b<br>c | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | -        |          |             |
| 2a           | reportable gaming (gambling) winnings to prize winners?  | 1c       | <b>√</b> | ,           |
| b            | Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                              | 2b       | ,        | ,           |
| _            | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |          | <b>V</b> |             |
| 3a<br>b      | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3a<br>3b |          | _           |
| 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)? | 4a       |          | 1           |
| b            | 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.  |          | ` '      |             |
| 5a           | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |          | 1           |
| b            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |          | ✓           |
| c<br>6a      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |          |             |
| b            | organization solicit any contributions that were not tax deductible?   | 6a       | ✓        |             |
|              | gifts were not tax deductible?   | 6b       | ✓        |             |
| 7            | Organizations that may receive deductible contributions under section 170(c).  | *        |          | ~ .'        |
| а            | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | ∴<br>7a  | س        | <b>\</b>    |
| b            | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |          |             |
| С            | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c       |          | 1           |
| d            | If "Yes," indicate the number of Forms 8282 filed during the year  | . ,      |          |             |
| е            | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |          | ✓           |
| f            | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f       |          | ✓           |
| g            | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |          | ✓           |
| h<br>8       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting              | 7h       |          |             |
|              | <b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?   | 8        |          |             |
| 9            | Sponsoring organizations maintaining donor advised funds.  |          | ,        |             |
| а            | Did the organization make any taxable distributions under section 4966?  | 9a       |          |             |
| ь<br>10      | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b       |          |             |
| а            | Initiation fees and capital contributions included on Part VIII, line 12   |          | *        | ,           |
| b            | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  |          | •        | د           |
| 11           | Section 501(c)(12) organizations. Enter:   |          |          | Ì           |
| а            | Gross income from members or shareholders  |          |          |             |
| b            | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |          |          |             |
| 12a<br>b     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b                                    | 12a      |          | ,           |
| 13           | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |          |             |
| а            | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |          |             |
| b            | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which                                      |          |          |             |
|              | the organization is licensed to issue qualified health plans   |          |          |             |
| С            | Enter the amount of reserves on hand   |          |          | -           |
| 14a          | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |          | <del></del> |
| b            | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b      | 000      |             |
|              |  | Form     | ո 990    | (2011)      |

| Part \   | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes   | ın Schedule O.       | See ins  | struct   | ions.  |
|----------|--|----------------------|----------|----------|--|
|          | Check if Schedule O contains a response to any question in this Part VI  |                      |          |          | <u>.                                    </u>     |
| Section  | on 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  | 1a 1                 | 1        |          |  |
|          | If there are material differences in voting rights among members of the governing body, or   |                      |          |          |  |
|          | If the governing 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 .   |                      | 0        |          | '  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business r   | elationship with     | 7        |          | ,  |
| _        | any other officer, director, trustee, or key employee?   |                      | 2        |          | <b>✓</b>   |
| 3        | Did the organization delegate control over management duties customarily performed by or   |                      | 1        |          | ,  |
| _        | supervision of officers, directors, or trustees, or key employees to a management company or other   | ·                    | 3        |          | <del>                                     </del> |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 99   |                      | 4        |          | <u> </u>   |
| 5        | Did the organization become aware during the year of a significant diversion of the organization   | on's assets? .       | 5        |          | <del>                                     </del> |
| 6        | Did the organization have members or stockholders?   |                      | 6        | <b>✓</b> | ├  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to   |                      |          |          | ,  |
|          | one or more members of the governing body?   |                      | 7a       |          | <b>-</b>   |
| b        | Are any governance decisions of the organization reserved to (or subject to approval   |                      |          |          | ✓  |
| _        | stockholders, or persons other than the governing body?  |                      | 7b       |          | ├  |
| 8        | Did the organization contemporaneously document the meetings held or written actions un-   | dertaken during      |          |          |  |
|          | the year by the following:   |                      |          |          |  |
| a        | The governing body?  |                      | 8a       | 1        |  |
| Ъ        | Each committee with authority to act on behalf of the governing body?  | · · · · · ·          | 8b       | <b>V</b> |  |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C |                      | 9        |          | /  |
| Cooki    | on B. Policies (This Section B requests information about policies not required by the   |                      |          | odo      | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \            |
| Section  | on B. Policies (This Section B requests information about policies not required by the   | e internal neve      | nue C    | Yes      | No   |
| 100      | Did the organization have local chapters, branches, or affiliates?   |                      | 10a      | 1        |  |
| 10a<br>b | If "Yes," did the organization have written policies and procedures governing the activities of  | such chanters        | <u> </u> | <b>-</b> | <del> </del>                                     |
| U        | affiliates, and branches to ensure their operations are consistent with the organization's exem  |                      | 10b      | 1        |  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body befor  |                      | 11a      | _        | <del>                                     </del> |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | o ming the room      | 1.0      | · •      | <del> </del>                                     |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  |                      | 12a      | 1        |  |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv  | e rise to conflicts? | 12b      | 1        | _  |
| C        | Did the organization regularly and consistently monitor and enforce compliance with the p  |                      |          | · •      | <del>                                     </del> |
| •        | describe in Schedule O how this was done   | · · · · ·            | 12c      | 1        |  |
| 13       | Did the organization have a written whistleblower policy?  |                      | 13       | 1        |  |
| 14       | Did the organization have a written document retention and destruction policy?   |                      | 14       | 1        | <del>                                     </del> |
| 15       | Did the process for determining compensation of the following persons include a review a   |                      |          |          |  |
|          | independent persons, comparability data, and contemporaneous substantiation of the deliberation  |                      |          |          | - ;  |
| а        | The organization's CEO, Executive Director, or top management official   |                      | 15a      | 1        | '  |
| b        | Other officers or key employees of the organization  |                      | 15b      | 1        |  |
|          | 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 simi  | lar arrangement      |          | :        |  |
|          | with a taxable entity during the year?   |                      | 16a      |          | 1  |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization   | n to evaluate its    |          |          | , ,  |
|          | participation in joint venture arrangements under applicable federal tax law, and take steps t   |                      | ŀ        |          |  |
|          | organization's exempt status with respect to such arrangements?  |                      | 16b      |          | <u> </u>   |
| Section  | on C. Disclosure   |                      |          |          |  |
| 17       | List the states with which a copy of this Form 990 is required to be filed ► AZ,AR,FL,GA,KS  |                      |          |          |  |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a   | nd 990-T (Section    | on 501   | (c)(3)s  | only)  |
|          | available for public inspection. Indicate how you made these available. Check all that apply.  |                      |          |          |  |
|          | ☐ Own website ☐ Another's website ☑ Upon request   |                      |          |          |  |
| 19       | Describe in Schedule O whether (and if so, how), the organization made its governing docu  | ıments, conflict     | of inte  | rest p   | oolicy,  |
|          | and financial statements available to the public during the tax year.  |                      |          |          |  |
| 20       | State the name, physical address, and telephone number of the person who possesses the bo  |                      | s of the | )        |  |
|          | organization: ► ParentalRights.org, One Patrick Henry Circle, Purcellville, VA 20132 Phone: 540-7  | 51-1248              |          |          |  |

| _  |   |   | -  |
|----|---|---|----|
| Рα | α | е | -/ |

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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| Check this box it held let the organization not | ally lelate                                      | u oiga                         | ai iiz                | atio           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ombe   | 1130     | ited any curren                                  | it Unicer, directo | , or trustee.            |
|---|--|--------------------------------|-----------------------|----------------|---|--|----------|--|--------------------|--------------------------|
|   |  |                                |                       | ((             | C)                                      |  |          |  |                    |                          |
| (A)   | (B)  |                                |                       |                | ition                                   |  |          | (D)  | (E)                | (F)                      |
| Name and Title                                  | Average  |                                |                       |                |   | e than o   |          | Reportable                                       | Reportable         | Estimated                |
| Name and This                                   | hours per  |                                |                       |                |   | is both<br>or/trust                              |          | compensation                                     | compensation from  |                          |
|   | week   |                                |                       |                | _                                       |  | <u> </u> | from   | related            | other                    |
|   | (describe  | a d                            | R                     | Officer        | eŶ                                      | 결호   | Former   | the  | organizations      | compensation             |
|   | hours for related                                | leg à                          | ≩                     | ĕ              | em                                      | loy  | ᅙ        | organization<br>(W-2/1099-MISC)                  | (W-2/1099-MISC)    | from the<br>organization |
|   | organizations                                    | or                             | 8                     |                | Key employee                            | g S  |          | (44-27 1099-141130)                              |                    | and related              |
|   | ın Schedule                                      | Individual trustee or director | 3                     |                | yee                                     | #g   |          |  |                    | organizations            |
|   | O)   | tee                            | Institutional trustee |                |   | sens   | 1        |  |                    |                          |
|   |  |                                | ď                     |                |   | Highest compensated employee                     |          |  |                    |                          |
|   |  |                                |                       |                |   |  |          |  |                    |                          |
| (1) Michael Farris, President                   | 1  | l .                            |                       |                |   |  |          | ŀ  |                    |                          |
|   | 6  | <b>✓</b>                       |                       | ✓              |   |  |          | 0  | 0                  | 0                        |
| (2) William Wagner, Vice President              | <u>}</u>   | ŀ                              | ļ                     |                |   |  |          |  | į                  |                          |
|   | 1  | 1                              |                       | ✓              |   |  |          | о  | 0                  | 0                        |
| (3) Scott Sharpen, Chairman                     |  |                                |                       |                |   |  |          |  |                    |                          |
| (4)   | 3  | <b> </b>                       |                       | 1              |   |  |          | l 0  | l 0                | 0                        |
| (4) Verlainna Callentine, Director              | <del>                                     </del> | <del>  '</del>                 |                       | ·              | <del> </del>                            | <del>                                     </del> | ╁        |  |                    |                          |
| (4) Vertainita Calleritille, Director           |  |                                |                       |                |   |  |          |  |                    |                          |
|   | 1  | 1                              | ļ                     |                | <u> </u>                                | <del> </del> -                                   | ├        | 0  | 0                  | 0                        |
| (5) Bryan Dearing, Director                     | _  | ١.                             |                       |                |   |  |          |  |                    |                          |
|   | 1  | ✓                              |                       |                |   |  |          | 0  | 0                  | 0                        |
| (6) Stephen Krason, Director                    | ]  |                                |                       | ļ              |   |  |          |  |                    |                          |
|   | 1  | ✓                              |                       |                |   |  |          | 0  | 0                  | 0                        |
| (7) Grover Norquist, Director                   |  |                                |                       |                |   |  |          |  |                    |                          |
|   | 1 1  | <b> </b>                       |                       |                | 1                                       |  |          | 0  | o                  | 0                        |
| (8) John Rosemond, Director                     |  |                                |                       | _              |   | <del> </del>                                     | $\vdash$ |  |                    |                          |
| (b) John Roselliona, Director                   | 1 1  | 1                              |                       |                |   |  |          | 0  | o                  | o                        |
| (O) Deduce Cours Diseases                       | <del> </del>                                     | · ·                            | _                     | _              | ├─                                      |  | -        | <del>                                     </del> | -                  |                          |
| (9) Rodger Sayre, Director                      | 1  | ,                              |                       |                |   |  |          |  |                    |                          |
|   | 1  | <b>✓</b>                       | ļ                     | ļ              | <u> </u>                                | ļ  | -        | 0  | 0                  | 0                        |
| (10) J Michael Smith, Director                  |  |                                |                       |                |   |  |          |  |                    |                          |
|   | 1  | ✓_                             |                       |                |   |  |          | 0  | 0                  | 0                        |
| (11) Mark West, Director                        |  |                                |                       | l              | i                                       |  |          |  | <u> </u>           |                          |
|   | 1 1  | 1                              | ļ                     |                |   |  |          | 0  | i o                | o                        |
| (12) Jim Mason, Secretary                       |  | i                              | 1                     |                |   |  | <b> </b> |  |                    |                          |
| (12)5   | 2  |                                | 1                     | 1              |   | ļ  |          | 0  | 0                  | o                        |
| (13) Steve Oberlander, Treasurer                | <del>                                     </del> | <del> </del>                   | -                     | <del>  •</del> | ├                                       | -  | ╁        | <del>                                     </del> | † · · · · · · · ·  | <del></del>              |
| (13) Steve Operanuer, Treasurer                 | 1  |                                |                       | 1              |   |  |          | _  |                    | _                        |
|   | 6  | <del> </del>                   | -                     | <b>✓</b>       | <u> </u>                                | 1  | ├        | 0  | 0                  | 0                        |
| (14)  | _  |                                |                       |                |   | 1  |          |  |                    |                          |
|   | 1  | 1                              | I                     | I              | 1                                       | 1  | 1        | I  |                    | I                        |

|          | (A)<br>Name and title   | (B) Average hours per week (describe hours for related organizations in Schedule | tor the control of th |         | an     | Reportable Reporta |         | rtable Estin ation from amore ted ot: eations compe (9-MISC) from organ and re |                         | (F) mated punt of ther ensation n the nization related izations |            |                |       |               |
|----------|---|--|--|---------|--------|--------------------|---------|--|-------------------------|---|------------|----------------|-------|---------------|
|          |   | O)   | lee  | trustee |        |                    | nsated  |  |                         |   |            |                |       |               |
| (15)     |   | -  |  |         |        |                    |         |  |                         | _   |            |                |       |               |
| (16)     |   | -  |  |         |        |                    |         |  |                         |   |            |                |       |               |
| (17)     |   |  |  |         |        |                    |         |  |                         | -   |            |                |       |               |
| (18)     |   |  |  |         | _      |                    |         |  |                         |   |            | <del></del>    |       |               |
| (19)     |   |  |  | -       |        |                    |         |  |                         |   | _          |                |       |               |
| (20)     |   |  |  |         |        |                    |         | _  |                         |   | _          |                |       |               |
| (21)     |   |  |  |         |        |                    |         |  | <u> </u>                |   |            |                |       |               |
|          |   |  |  | -       |        |                    |         |  |                         |   |            |                |       |               |
|          |   |  |  |         |        |                    |         |  |                         |   |            |                |       |               |
| (23)     |   |  |  |         |        |                    |         |  |                         |   |            |                |       |               |
| (24)     |   | _  |  |         |        |                    |         |  |                         |   |            |                |       |               |
| (25)     |   |  |  |         |        |                    |         |  |                         |   |            |                |       |               |
| 1b<br>c  | Sub-total   |  |  |         | •      |                    |         | <b>&gt;</b>  | 0                       |   |            |                |       | C             |
| <u>d</u> | Total (add lines 1b and 1c)   | ·  | <u></u>  |         |        |                    |         | <b>&gt;</b>  | 0                       | Ab (\$4   | 20,000     |                |       | C             |
|          | Total number of individuals (including but reportable compensation from the organization) |  | 10 tr  | 1056    | e list | ea a               | above   | e) w<br>   | wno received mi         | ore than \$11   |            | or             |       |               |
| 3        | Did the organization list any former of   |  |  |         |        |                    |         | emp  | ployee, or high         | est compe   | nsated     |                | Yes   | No            |
| 4        | employee on line 1a? If "Yes," complete a<br>For any individual listed on line 1a, is the |  |  |         |        |                    |         |  |                         | <br>ensation fr   | <br>om the | 3              |       | <u>✓</u>      |
|          | organization and related organizations individual   |  |  |         |        |                    |         |  |                         |   |            | 4              |       | ,<br><b>√</b> |
| 5        | Did any person listed on line 1a receive of for services rendered to the organization     |  |  |         |        |                    |         |  |                         | ation or inc  | lividual   |                |       | <u> </u>      |
| Section  | on B. Independent Contractors   | : 11 163, 0  | Jonnpi   |         | 007    |                    | 110 0 1 | <i>Ui</i> .  | such person             | · · · ·   | <u>·</u>   | 5              |       | <u> </u>      |
| 1        | Complete this table for your five highest compensation from the organization. Repyear.    |  |  |         |        |                    |         |  |                         |   |            |                |       | x             |
|          | (A)<br>Name and business add  | fress  |  |         |        |                    |         |  | (B)<br>Description of s | ervices   | C          | (C)<br>compens | ation |               |
| Creat    | ve Lab, LLC   |  |  |         |        |                    |         | Vic  | deo Production          |   |            |                | 102   | 2,205         |
|          |   |  |  |         |        |                    |         |  |                         |   |            |                |       |               |
|          |   |  |  |         |        |                    |         | _  |                         |   |            |                |       |               |
| 2        | Total number of independent contractor  |  |  |         |        |                    |         | th   | hose listed abo         | ove) who  |            |                |       |               |

| Fell   | VIIII      | Statement of Revenue                                 | (A)                  | (D)                                    | (0)                                     | (D)   |
|--|------------|--|----------------------|--|---|---|
| *  | 4 N        |  | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a         | Federated campaigns 1a                               |                      | ***                                    | 1 2 1                                   | .3 / % to \$ ** /.  |
| irar   | b          | Membership dues 1b                                   |                      |  |   |   |
| ا ق ئ  | С          | Fundraising events 1c                                |                      |  |   |   |
| # 1  | d          | Related organizations 1d                             |                      |  |   |   |
| 0,≝  | e          | Government grants (contributions) 1e                 |                      |  |   | ,   |
| Sir  | f          | All other contributions, gifts, grants,              |                      |  | •                                       |   |
| iğ iz  | •          |  | ,                    |  |   | •,  |
| 들본   |            | <u> </u>   |                      |  |   |   |
| d d  | g          | Noncash contributions included in lines 1a-1f: \$    |                      |  |   |   |
|  | h          | Total. Add lines 1a–1f                               | 445,040              |  | ` .                                     |   |
| Program Service Revenue                                |            | Business Code  |                      | _                                      |   | ,   |
| Ven  | 2a         |  | ,                    |  |   |   |
| Re   | ь          |  |                      |  |   |   |
| Se   | C          |  |                      |  |   |   |
| SIA.   | d          |  | ·                    |  |   |   |
| ٦Ş   | _          |  |                      |  |   |   |
| 튭  | e          | All of   |                      |  |   |   |
| <u>6</u>   | f          | All other program service revenue .                  |                      |  |   |   |
| ٦  | g          | <b>Total.</b> Add lines 2a–2f ▶                      |                      |  |   | T   |
|  | 3          | Investment income (including dividends, interest,    |                      |  |   |   |
|  |            | and other similar amounts) ▶                         | 31                   |  |   | 31  |
|  | 4          | Income from investment of tax-exempt bond proceeds ▶ |                      |  |   |   |
|  | 5          | Royalties  |                      |  |   |   |
|  |            | Royalties  |                      |  |   | ,   |
|  | 6a         | Gross rents  | *                    | , , , , , ,                            |   |   |
|  | b          | Less: rental expenses                                | * * * * * * *        |  |   | *   |
|  |            |  |                      |  | •                                       |   |
|  | C          | Rental income or (loss)                              |                      |  | ,                                       | ,   |
|  | _d         | Net rental income or (loss)                          |                      |  |   |   |
|  | 7a         | Gross amount from sales of (i) Securities (ii) Other |                      | , ,                                    |   |   |
|  |            | assets other than inventory                          |                      |  |   |   |
|  | b          | Less: cost or other basis                            |                      | ~ '                                    |   |   |
|  |            | and sales expenses .                                 |                      |  | •                                       |   |
|  | С          | Gain or (loss)                                       |                      |  |   |   |
|  | d          | Net gain or (loss)                                   |                      |  |   |   |
| 1  | _          | The game of (1000)                                   | . >                  | ć , , , , ,                            |   | * *   |
| ne   | 8a         | Gross income from fundraising                        | ,                    |  |   | ~   |
|  | Oa         | events (not including \$                             |                      |  | ·                                       | , ,   |
| Š  |            |  |                      | *, *                                   | 4 4 4 %                                 |   |
| Other Reven  |            | of contributions reported on line 1c).               |                      |  |   | A   |
| Ē  |            | See Part IV, line 18 a                               | Ť                    |  | ,                                       | ,   |
| ₹  | b          | Less: direct expenses b                              |                      |  |   |   |
| •  | С          | Net income or (loss) from fundraising events . ▶     |                      |  |   |   |
|  | 9a         | Gross income from gaming activities.                 |                      |  |   |   |
|  |            | See Part IV, line 19 a                               | ,                    |  |   |   |
|  | b          | Less: direct expenses b                              |                      |  |   |   |
|  | c          | Net income or (loss) from gaming activities ▶        |                      | 1                                      |   |   |
|  | _          | Gross sales of inventory, less                       |                      |  | *                                       | ·   |
|  |            | returns and allowances a                             |                      | ' <b>、</b>                             |   | ,   |
|  |            | ——————————————————————————————————————               |                      | ļ <sub>*.</sub> .                      | * .                                     | '   |
|  | b          | Less: cost of goods sold b                           |                      | * .,                                   |   |   |
|  | _ <u>c</u> | Net income or (loss) from sales of inventory >       | <del></del>          |  |   |   |
|  |            | Miscellaneous Revenue Business Code                  |                      |  |   | ,   |
|  | 11a        |  |                      |  |   |   |
|  | b          |  |                      |  |   |   |
|  | С          |  |                      |  |   |   |
|  | d          | All other revenue                                    |                      |  |   |   |
|  | e          | Total. Add lines 11a-11d                             |                      |  |   |   |
|  | 12         | Total revenue. See instructions ▶                    | 445,071              | 0                                      | 0                                       | 31  |

### 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).

| Do not Include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.  1 Grains and other assistance to governments and organizations in the United States. See Part IV, line 21 common in the United States. See Part IV, line 21 common in the United States see Part IV, line 22 common in the United States see Part IV, line 21 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, lines 15 and 16 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, line 21 common in the United States see Part IV, | Check if Schedule O contains a response to any question in this Part IX |   |              |                                       |   |                                       |  |  |
|---|---|---|--------------|---------------------------------------|---|---------------------------------------|--|--|
| organizations in the United States. See Part IV, Ine 21 2 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, Ine 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, Ine 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(r)(g)(a) and persons described in section 4958(r)(g)(b) and 495(r) and 49 |   | t include amounts reported on lines 6b, 7b,   | (A)          | (B)<br>Program service                | (C)<br>Management and                   | (D)<br>Fundraising                    |  |  |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 .  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 Compensation of current officers, directors, trustiess, and key employees Compensation of current officers, directors, trustiess, and key employees Compensation of current officers, directors, trustiess, and key employees Compensation of current officers, directors, trustiess, and key employees Compensation of current officers, directors, trustiess, and key employees Compensation of current officers, directors, trustiess, and key employees Penson plan accrusia and contributions include section 401(k) and 403(b) employer contributions) Penson plan accrusia and contributions include section 401(k) and 403(b) employer contributions) Penson plan accrusia and contributions include section 401(k) and 403(b) employer contributions) Penson plan accrusia and contributions include section 401(k) and 403(b) employer contributions) Penson plan accrusia and contributions include section 401(k) and 403(b) employer contributions) Penson plan accrusia and contributions include section 403(k) employer contributions include section 41,122 11,043 890 2,189  2 Person transport transport 403(k) employer contributions include section 41,122 11,043 890 2,189  2 Professional fundrasing services. See Part IV, line 17 2 2 2 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8   | 1   |   |              |                                       | 3 × 3 × 1 × 1                           |                                       |  |  |
| 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 of current officers, directors, trustees, and key employees  7 Other salaries and wages  8 Penson plan accruals and contributions (include section 4936)((II)) and persons (secribed in section 4936)((II)) and persons (secribed in section 4936)((III)) and persons (secribed in section 4936) and  | 2   |   |              |                                       |   |                                       |  |  |
| Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(g)(g)) and persons described in section 4958(g)(g)(g) and persons described in section 4958(g)(g) and persons described in section 4958(g)(g) and persons described in section 4958(g)(g) and 4958 g 2,133 g 2,111 d 3,241 d 1,104 d 3,895 g 2,811 d 5,371 d 1,104 | 3   | organizations, and individuals outside the United States See Part IV, lines 15 and 16   |              |                                       |   | · · · · · · · · · · · · · · · · · · · |  |  |
| persons (as defined under section 4958(n)(1) and persons described in section 4958(n)(3)(8)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401) (and 4030) employer contributions (include section 401) and a 44,623 and 4,895 and 4,8 | -   | Compensation of current officers, directors,  |              |                                       | * | * * * * *                             |  |  |
| B   | 6   | persons (as defined under section 4958(f)(1)) and   |              |                                       |   |                                       |  |  |
| section 401(k) and 403(b) employer contributions) 9 Other employee benefits   |   | _   | 211,687      | 165,540                               | 13,336                                  | 32,811                                |  |  |
| 10 Payroll taxes   15,678   12,260   988   2,430   11 Fees for services (non-employees). a Management   | 0   | section 401(k) and 403(b) employer contributions)   | ·            |                                       | ··                                      | 2,189                                 |  |  |
| 11 Fees for services (non-employees). a Management b Legal  |   | ,   |              |                                       |   |                                       |  |  |
| a Management b Legal  |   | · ·   | 15,076       | 12,260                                | 988                                     | 2,430                                 |  |  |
| b Legal   |   |   |              |                                       |   |                                       |  |  |
| C Accounting 6,000 4,692 378 930  d Lobbying 97   |   |   | 15 974       | 12 414                                | 1 000                                   | 2.460                                 |  |  |
| d Lobbying  | _   |   |              | <del></del>                           |   |                                       |  |  |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other  |   |   | 0,000        | 7,032                                 | 376                                     | 930                                   |  |  |
| Investment management fees   Gother    |   |   |              | · ¥ \$ 2                              | S 12                                    | -,                                    |  |  |
| g Other  22 Advertising and promotion   | -   | <del>-</del>  |              | , , , , , , , , , , , , , , , , , , , | <u> </u>                                | ******                                |  |  |
| 12  |   |   |              |                                       |   |                                       |  |  |
| 13 Office expenses  | _   |   | R4 424       | 66 019                                | 5 310                                   | 13 086                                |  |  |
| 14 Information technology   |   | - '   | -            |                                       |   |                                       |  |  |
| 15 Royalties  |   | •   | <del> </del> |                                       |   | <del></del> -                         |  |  |
| 16 Occupancy  |   |   |              | 72                                    |   |                                       |  |  |
| 17  |   | Occupancy   | 8.084        | 6.322                                 | 509                                     | 1 253                                 |  |  |
| Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings 2,586 2,022 163 401  Interest  |   |   |              |                                       |   | <del></del>                           |  |  |
| 20  |   | Payments of travel or entertainment expenses  | 4,700        | 3,713                                 | 200                                     | 730                                   |  |  |
| 21 Payments to affiliates   | 19  | Conferences, conventions, and meetings .  | 2,586        | 2,022                                 | 163                                     | 401                                   |  |  |
| Depreciation, depletion, and amortization   10,007   7,826   630   1,551  | 20  | Interest  |              |                                       |   |                                       |  |  |
| 23 Insurance  | 21  | Payments to affiliates  |              |                                       |   |                                       |  |  |
| Other expenses. Itemize expenses not covered 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 O.)  a Education & Training 361 282 23 56  b Website & Database 29,605 23,151 1,865 4,589  c Postage & Printing 16,277 12,729 1,025 2,523  d Credit Card Fees 6,831 5,342 430 1,059  e All other expenses 7,297 590 304 403  25 Total functional expenses. Add lines 1 through 24e 481,332 375,979 30,544 74,809  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 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.   | 22  | Depreciation, depletion, and amortization .   | 10,007       | 7,826                                 | 630                                     | 1,551                                 |  |  |
| 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 O.)  a Education & Training 361 282 23 56 b Website & Database 29,605 23,151 1,865 4,589 c Postage & Printing 166,277 12,729 1,025 2,523 d Credit Card Fees 6,831 5,342 430 1,059 e All other expenses. Add lines 1 through 24e 481,332 375,979 30,544 74,809  25 Total functional expenses. Add lines 1 through 24e 481,332 375,979 30,544 74,809  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 if following SOP 98-2 (ASC 958-720)   | 23  | Insurance   | 1,018        | 796                                   | 64                                      | 158                                   |  |  |
| Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   a   Education & Training   361   282   23   56     b   Website & Database   29,605   23,151   1,865   4,589     c   Postage & Printing   16,277   12,729   1,025   2,523     d   Credit Card Fees   6,831   5,342   430   1,059     e   All other expenses   1,297   590   304   403     25   Total functional expenses. Add lines 1 through 24e   481,332   375,979   30,544   74,809     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   if following SOP 98-2 (ASC 958-720)   | 24  |   | ** * ,       | · 223                                 |   |                                       |  |  |
| (A) amount, list line 24e expenses on Schedule O.)  a Education & Training  361  282  23  56  b Website & Database  29,605  23,151  1,865  4,589  c Postage & Printing  16,277  12,729  1,025  2,523  d Credit Card Fees  6,831  5,342  430  1,059  e All other expenses  1,297  590  304  403  25  Total functional expenses. Add lines 1 through 24e  481,332  375,979  30,544  74,809  Doint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)  |   |   | ·            |                                       |   |                                       |  |  |
| a Education & Training  b Website & Database  c Postage & Printing  d Credit Card Fees  e All other expenses  Total functional expenses. Add lines 1 through 24e  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  if following SOP 98-2 (ASC 958-720)  i 1,865  23,151  1,865  4,589  1,272  1,025  2,523  430  1,059  304  403  375,979  30,544  74,809   |   |   |              |                                       |   |                                       |  |  |
| b Website & Database 29,605 23,151 1,865 4,589 c Postage & Printing 16,277 12,729 1,025 2,523 d Credit Card Fees 6,831 5,342 430 1,059 e All other expenses 1,297 590 304 403 25 Total functional expenses. Add lines 1 through 24e 481,332 375,979 30,544 74,809  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   |   | •   |              |                                       |   |                                       |  |  |
| c         Postage & Printing         16,277         12,729         1,025         2,523           d         Credit Card Fees         6,831         5,342         430         1,059           e         All other expenses         1,297         590         304         403           25         Total functional expenses. Add lines 1 through 24e         481,332         375,979         30,544         74,809           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 following SOP 98-2 (ASC 958-720)         375,979         30,544         74,809  | _   |   |              |                                       |   | 56                                    |  |  |
| d Credit Card Fees 6,831 5,342 430 1,059 e All other expenses 1,297 590 304 403  25 Total functional expenses. Add lines 1 through 24e 481,332 375,979 30,544 74,809  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  if following SOP 98-2 (ASC 958-720)   |   |   |              |                                       |   |                                       |  |  |
| e All other expenses 1,297 590 304 403  25 Total functional expenses. Add lines 1 through 24e 481,332 375,979 30,544 74,809  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   | _   |   |              |                                       | ····                                    |                                       |  |  |
| Total functional expenses. Add lines 1 through 24e  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  □ if following SOP 98-2 (ASC 958-720)   | _   |   |              |                                       |   |                                       |  |  |
| 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 ▶ ☐ if following SOP 98-2 (ASC 958-720)   | _   |   |              |                                       |   | 403                                   |  |  |
| organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)   | -   |   | 481,332      | 375,979                               | 30,544                                  | 74,809                                |  |  |
|   | <b>2</b> 0  | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here |              |                                       |   | F 990 (1994)                          |  |  |

| P                | art X | Balance Sheet   |                          |     |   |
|------------------|-------|---|--------------------------|-----|---|
|                  | ,     |   | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year               |
|                  | 1     | Cash – non-interest-bearing   | 37,837                   | 1   | 28,362                                  |
|                  | 2     | Savings and temporary cash investments  |                          | 2   |   |
|                  | 3     | Pledges and grants receivable, net  |                          | 3   |   |
|                  | 4     | Accounts receivable, net  | 105                      | 4   | 99                                      |
|                  | 5     | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                          | 5   | , |
| S                | 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   |   |
| Assets           | 7     | Notes and loans receivable, net   |                          | 7   |   |
| As               | 8     | Inventories for sale or use   |                          | 8   |   |
|                  | 9     | Prepaid expenses and deferred charges   | 537                      | 9   | 148                                     |
|                  | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a   |                          |     |   |
|                  | b     | Less: accumulated depreciation 10b  |                          | 10c |   |
|                  | 11    | Investments—publicly traded securities  |                          | 11  | _                                       |
|                  | 12    | Investments—other securities. See Part IV, line 11  |                          | 12  |   |
|                  | 13    | Investments - program-related. See Part IV, line 11   |                          | 13  |   |
|                  | 14    | Intangible assets   |                          | 14  | 90,063                                  |
|                  | 15    | Other assets. See Part IV, line 11  |                          | 15  |   |
|                  | 16    | Total assets. Add lines 1 through 15 (must equal line 34)   | 38,479                   | 16  | 118,672                                 |
|                  | 17    | Accounts payable and accrued expenses   | 54,542                   | 17  | 45,996                                  |
|                  | 18    | Grants payable  |                          | 18  |   |
|                  | 19    | Deferred revenue  |                          | 19  |   |
|                  | 20    | Tax-exempt bond liabilities   |                          | 20  |   |
|                  | 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, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  | ,                        | 22  |   |
| <u>:</u>         | 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 of Schedule D   | 150,000                  | 25  | 275,000                                 |
|                  | 26    | Total liabilities. Add lines 17 through 25  | 204,542                  |     | 320,996                                 |
| S                | 20    | Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.   |                          |     | , × , 2,                                |
| ű                | 27    | Unrestricted net assets   | (166,063)                | 27  | (202,324)                               |
| <u>a</u>         | 28    | Temporarily restricted net assets   | (100,000)                | 28  | (202/02-1)                              |
| 8                | 29    | Permanently restricted net assets   |                          | 29  |   |
| or Fund Balances |       | Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.   |                          |     |   |
| Ş                | 30    | Capital stock or trust principal, or current funds  |                          | 30  |   |
| Net Assets or    | 31    | Paid-in or capital surplus, or land, building, or equipment fund  |                          | 31  |   |
| As               | 32    | Retained earnings, endowment, accumulated income, or other funds.   |                          | 32  |   |
| Zet              | 33    | Total net assets or fund balances   | (166,063)                | 33  | (202,324)                               |
| _                | 34    | Total liabilities and net assets/fund balances  | 38,479                   | 34  | 118,672                                 |
|                  |       |   |                          |     | Form <b>990</b> (2011)                  |

| Part | Reconciliation of Net Assets  |          |          |              |        |
|------|---|----------|----------|--------------|--------|
|      | Check if Schedule O contains a response to any question in this Part XI   |          | <u> </u> | <u>.</u>     |        |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |          |              | 5,071  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2        |          | 48           | 1,332  |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3        |          | (36          | ,261)  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4        |          | (166         | ,063)  |
| 5    | Other changes in net assets or fund balances (explain in Schedule O)  | 5        |          |              |        |
| 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        |          | (202         | 2,324) |
| Part | XII Financial Statements and Reporting  |          |          |              |        |
|      | Check if Schedule O contains a response to any question in this Part XII  |          |          |              |        |
|      |   |          |          | Yes          | No     |
| 1    | Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.                                 | plain in |          |              | ,      |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?   |          | 2a       |              | Í      |
| b    | Were the organization's financial statements audited by an independent accountant?  |          | 2b       | 1            | _      |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account |          |          | · ✓          |        |
|      | If the organization changed either its oversight process or selection process during the tax year, ex<br>Schedule O.  |          | 97       | £ 1          |        |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:   | ar were  | 3,       | ٠,           |        |
|      |   |          |          |              |        |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?   | forth in | 3a       |              | 1      |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not underequired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a       |          | 3b       |              |        |
|      |   |          | Forn     | n <b>990</b> | (2011) |

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

ZU11

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

| PARE | NTALRIGHTS.ORG   |   | 20-8490398                                |
|------|--|---|---|
| Par  |  | or Advised Funds or Other Similar Fu  | inds or Accounts. Complete if the         |
|      | organization answered "Yes" to F   | orm 990, Part IV, line 6.   |   |
|      |  | (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   |   |   |
|      | funds are the organization's property, subje   | _   |   |
| 6    | Did the organization inform all grantees, do   |   |   |
|      | only for charitable purposes and not for the   |   |   |
| _    | conferring impermissible private benefit?  | · · · · · · · · · · · · · · · · · · ·   | Yes No                                    |
|      |  | olete if the organization answered "Yes   | " to Form 990, Part IV, line 7.           |
| 1    | Purpose(s) of conservation easements held  |   |   |
|      |  | recreation or education) Preservation   |   |
|      | Protection of natural habitat  | ☐ Preservation  | of a certified historic structure         |
| •    | Preservation of open space   | stion hold a sublified companiation contains                                    |   |
| 2    | Complete lines 2a through 2d if the organizate easement on the last day of the tax year. | ation field a qualified conservation contribu                                   | tion in the form of a conservation        |
|      | casement on the last day of the tax year.  |   | Held at the End of the Tax Year           |
| а    | Total number of conservation easements   |   | <u> </u>                                  |
| b    | Total acreage restricted by conservation ea  |   |   |
| C    | Number of conservation easements on a ce   |   | \ <del></del>                             |
| ď    | Number of conservation easements include   |   |   |
| _    | historic structure listed in the National Regis  |   |   |
| 3    | Number of conservation easements modifie   |   |   |
|      | tax year ▶   | •   |   |
| 4    | Number of states where property subject to   | conservation easement is located ▶  |   |
| 5    | Does the organization have a written po  | licy regarding the periodic monitoring, ii                                      | spection, handling of                     |
|      | violations, and enforcement of the conserva  | ition easements it holds?   | · · · · · · 🔲 Yes 🗌 No                    |
| 6    | Staff and volunteer hours devoted to monitor   | oring, inspecting, and enforcing conservation                                   | on easements during the year              |
|      | <b>&gt;</b>  |   |   |
| 7    | Amount of expenses incurred in monitoring,   | , inspecting, and enforcing conservation ea                                     | sements during the year                   |
|      | <b>▶</b> \$  |   |   |
| 8    | Does each conservation easement reported   |   |   |
|      |  |   |   |
| 9    | In Part XIV, describe how the organization re  |   |   |
|      | balance sheet, and include, if applicable, the   |   | financial statements that describes the   |
| Dowl | organization's accounting for conservation   |   | Other Circles Access                      |
| Part |  | ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8 |   |
|      | If the organization elected, as permitted un   |   | · · · · · · · · · · · · · · · · · · ·     |
| 1a   | works of art, historical treasures, or other   | ·   |   |
|      | public service, provide, in Part XIV, the text   |   |   |
| b    | If the organization elected, as permitted u  |   |   |
|      | works of art, historical treasures, or other   | ,   |   |
|      | public service, provide the following amoun  |   |   |
|      | (i) Revenues included in Form 990, Part VIII   |   | <b>&gt;</b> \$                            |
|      | (ii) Assets included in Form 990, Part X .   |   | <b>&gt;</b> \$                            |
| 2    | If the organization received or held works   | of art, historical treasures, or other simil                                    | ar assets for financial gain, provide the |
| _    | following amounts required to be reported u  |   |   |
| а    | Revenues included in Form 990, Part VIII, lir  | · · · · · · · · · · · · · · · · · · ·   |   |
|      | Assets included in Form 990, Part X  |   | <b>&gt;</b> \$                            |

| Part | U Organizations Maintaining  | Collections o       | t Art, His    | torical              | reasures,                | or Other           | Similar Ass      | <b>sets</b> (continuea)                 |
|------|--|---------------------|---------------|----------------------|--------------------------|--------------------|------------------|---|
| 3    | Using the organization's acquisition, collection items (check all that apply): | accession, and      | other reco    | rds, chec            | k any of the             | following          | that are a sig   | gnificant use of its                    |
| а    | ☐ Public exhibition  |                     | d             | □ Loan               | or exchange              | program            | s                |   |
| ь    | Scholarly research   |                     |               | Other                | _                        |                    |                  |   |
| C    | ☐ Preservation for future generations  | :                   | -             |                      |                          |                    |                  | *************************************** |
| 4    | Provide a description of the organizat   |                     | and expl      | ain how t            | hev further t            | ne organi:         | zation's exemi   | ot nurnose in Part                      |
| 7    | XIV.   | non a concentions   | and cxpi      | 2111 11 <b>011</b> ( | ncy faither th           | ic organii         | cation o oxom    | pr parpood ii i arr                     |
| 5    | During the year, did the organization  | solicit or receive  | e donatior    | ns of art,           | historical tre           | asures, o          | r other similar  | •                                       |
|      | assets to be sold to raise funds rather  | than to be main     | tained as     | part of the          | e organizatio            | n's collec         | tion?            | ☐ Yes ☐ No                              |
| Part | IV Escrow and Custodial Arra   |                     |               |                      |                          |                    |                  |   |
|      | line 9, or reported an amoun   |                     |               |                      | •                        |                    |                  |   |
| 1a   | Is the organization an agent, trustee,   |                     |               |                      | or contribution          | ons or oth         | ner assets not   |   |
|      | included on Form 990, Part X?  |                     |               |                      |                          |                    |                  |   |
| ь    | If "Yes," explain the arrangement in Pa  |                     |               |                      |                          |                    |                  |   |
| U    | in res, explain the arrangement in re-   | art XIV and Comp    | picto tric it | Jiiowing t           | abic.                    |                    | Am               | nount                                   |
| _    | Paginning halanaa  |                     |               |                      |                          | 1c                 |                  |   |
| C    | Beginning balance  |                     |               |                      |                          | 1d                 |                  | <del></del>                             |
| d    | Additions during the year  |                     |               |                      |                          |                    |                  |   |
| е    | Distributions during the year  |                     |               |                      |                          | 1e                 |                  |   |
| f    | Ending balance   |                     |               |                      | •                        | 1f                 |                  |   |
| 2a   | Did the organization include an amoun  |                     | Part X, line  | 217 .                |                          |                    |                  | ☐ Yes ☐ No                              |
|      | If "Yes," explain the arrangement in P   | art XIV.            |               |                      |                          |                    |                  | <del></del>                             |
| Part | V Endowment Funds. Comple  |                     |               |                      |                          |                    |                  |   |
|      |  | (a) Current year    | (b) Pr        | or year              | (c) Two years            | back (d)           | Three years back | (e) Four years back                     |
| 1a   | Beginning of year balance  |                     |               |                      |                          |                    |                  |   |
| b    | Contributions  |                     |               |                      |                          |                    |                  | ¥4 8 ** / ,                             |
| C    | Net investment earnings, gains, and  |                     |               |                      |                          |                    |                  |   |
|      | losses   |                     |               |                      |                          |                    |                  |   |
| d    | Grants or scholarships   | -                   |               | •                    |                          |                    |                  |   |
|      | Other expenditures for facilities and  |                     |               |                      | <u> </u>                 |                    |                  |   |
| _    | programs   |                     |               |                      |                          |                    |                  | , ,                                     |
| f    | Administrative expenses  | _                   |               |                      | <u> </u>                 |                    |                  |   |
|      | End of year balance  |                     |               |                      |                          |                    |                  |   |
| 9    | Provide the estimated percentage of t  | ho ourrent year     | and balane    | o (line 1e           | column (a)               | hold as:           | ·                | L                                       |
| 2    | Pared designated on success and success  | ne current year t   | o/            | e (iii e i ç         | , coluititi (a))         | neiu as.           |                  |   |
| a    | Board designated or quasi-endowmen   |                     | 70            |                      |                          |                    |                  |   |
| b    | Permanent endowment  |                     |               |                      |                          |                    |                  |   |
| С    | Temporarily restricted endowment   | %                   |               |                      |                          |                    |                  |   |
| _    | The percentages in lines 2a, 2b, and 2   |                     |               | ·                    |                          |                    |                  |   |
| За   | Are there endowment funds not in the   | e possession of     | tne organ     | zation th            | at are nelo a            | na aamin           | istered for the  |   |
|      | organization by:   |                     |               |                      |                          |                    |                  | Yes No                                  |
|      | (i) unrelated organizations  |                     |               |                      |                          |                    |                  | 3a(i)                                   |
|      | (.,,   |                     |               |                      |                          |                    |                  | 3a(ii)                                  |
| þ    | If "Yes" to 3a(II), are the related organ                                      |                     |               |                      |                          |                    |                  | 3b                                      |
| 4    | Describe in Part XIV the intended uses   |                     |               |                      |                          |                    |                  |   |
| Part | VI Land, Buildings, and Equip  | ment. See For       | rm 990, P     | art X, lin           | e 10.                    |                    |                  |   |
|      | Description of property  | (a) Cost or (invest |               | 1 ' '                | or other basis<br>other) | (c) Accu<br>depred |                  | (d) Book value                          |
| 1a   | Land   |                     |               |                      | 1                        |                    |                  |   |
| b    | Buildings  |                     |               |                      |                          |                    |                  |   |
| c    | Leasehold improvements   | . 🗀                 |               |                      |                          |                    |                  |   |
| d    | Equipment  |                     |               |                      |                          |                    |                  |   |
| e    | Other  |                     |               |                      |                          |                    | +-               |   |
|      | Add lines 1a through 1e. (Column (d) n   | nust equal Form     | 990. Part     | X. columi            | n (B), line 100          | c).)               | ▶                |   |
|      |  | J. Uquar / 0/1//    | , ,           | .,                   | ,_,,                     | -//                |                  |   |

| Part VII          | Investments — Other Securities  | . See Form 990, Part X, I | line 12.                                   |  |
|-------------------|---|---------------------------|--|--|
| (                 | a) Description of security or category<br>(including name of security)                  | (b) Book value            | (c) Method of val<br>Cost or end-of-year m |  |
| (1) Financia      | al derivatives  |                           |  |  |
|                   | held equity interests   |                           |  | . <u>-</u> .                           |
| (3) Other         |   |                           |  |  |
| (A)               |   |                           |  | ······································ |
| (B)               |   |                           |  |  |
| (C)<br>(D)        |   |                           |  |  |
| (E)               |   |                           |  |  |
| <del>\</del> (F)  |   |                           |  |  |
| (G)               |   |                           |  |  |
| (H)               |   |                           |  |  |
| (I)               |   |                           |  |  |
| Total. (Column    | (b) must equal Form 990, Part X, col. (B) line 12.) ▶                                   |                           |  |  |
| Part VIII         | Investments-Program Related   | J. See Form 990, Part X,  | line 13.                                   |  |
|                   | (a) Description of investment type  | (b) Book value            | (c) Method of val<br>Cost or end-of-year n |  |
| _(1)              | · · · · · · · · · · · · · · · · · · ·   |                           |  |  |
| (2)               |   |                           |  |  |
| (3)               |   |                           |  |  |
| (4)               |   |                           |  |  |
| (5)               |   |                           |  | ······································ |
| <u>(6)</u><br>(7) |   |                           |  |  |
| (8)               |   | ,                         |  | <del></del>                            |
| (9)               |   |                           |  |  |
| (10)              |   |                           |  |  |
|                   | (b) must equal Form 990, Part X, col. (B) line 13.) ▶                                   |                           | ` '  |  |
| Part IX           | Other Assets. See Form 990, Pa  |                           |  |  |
|                   | (i  | a) Description            |  | (b) Book value                         |
| (1)               |   | <del></del>               |  | ***                                    |
| (2)               |   |                           |  |  |
| (3)               |   |                           |  |  |
| (5)               | · · ·   |                           |  | · · · · · · · · · · · · · · · · · · ·  |
| (6)               |   | <del></del>               |  |  |
| (7)               |   |                           |  |  |
| (8)               |   |                           |  |  |
| (9)               |   |                           |  |  |
| (10)              |   |                           |  |  |
|                   | umn (b) must equal Form 990, Part X, c  |                           |  |  |
| Part X            | Other Liabilities. See Form 990,  | (b) Book value            | <u> </u>                                   |  |
| 1. (1) Federa     | (a) Description of liability  | (D) BOOK VAIUE            | , ,  | . <                                    |
|                   | Payable (Related Parties)   | 275,000                   |  | , ** "                                 |
| (3)               | ayable (Related Fartes)   | 2,0,000                   | <b>.</b>                                   |  |
| (4)               |   |                           | <b>,</b>                                   |  |
| (5)               | 1   |                           | 1 .  |  |
| (6)               |   |                           |  |  |
| (7)               |   |                           | ]  |  |
| (8)               |   |                           |  |  |
| (9)               |   |                           | ]  | *                                      |
| (10)              |   |                           |  |  |
| (11)              |   |                           | 1  |  |
|                   | (b) must equal Form 990, Part X, col (B) line 25)                                       | 275,000                   |  |  |
|                   | ASC 740) Footnote. In Part XIV, provide<br>in's liability for uncertain tax positions u |                           | the organization's financial stater        | nents that reports the                 |
| organizatio       | m s hability for uncertain tax positions u  | 11461 FIN 40 (ASC /40).   |  |  |

| Part             | Reconciliation of Change in Net Assets from Form 990 to Audited Fina  | ancial Stateme  | ents          |               |
|------------------|---|-----------------|---------------|---------------|
| <b>`1</b>        | Total revenue (Form 990, Part VIII, column (A), line 12)  |                 | 1             | 445,071       |
| 2                | Total expenses (Form 990, Part IX, column (A), line 25)   |                 | 2             | 481,332       |
| 3                | Excess or (deficit) for the year Subtract line 2 from line 1  |                 | 3             | (36,261)      |
| 4                | Net unrealized gains (losses) on investments  |                 | 4             |               |
| 5                | Donated services and use of facilities  |                 | 5             |               |
| 6                | Investment expenses   |                 | 6             |               |
| 7                | Prior period adjustments  |                 | 7             |               |
| 8                | Other (Describe in Part XIV.)   |                 | 8             |               |
| 9                | Total adjustments (net). Add lines 4 through 8  |                 | 9             | <del></del> _ |
| 10               | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and  |                 | 10            | (36,261)      |
|                  | Reconciliation of Revenue per Audited Financial Statements With   |                 | Return        |               |
| 1                | Total revenue, gains, and other support per audited financial statements  |                 | 1             | 509,246       |
| 2                | Amounts included on line 1 but not on Form 990, Part VIII, line 12.   |                 |               |               |
| a                | Net unrealized gains on investments   | 04.475          |               |               |
| b                | Donated services and use of facilities  | 64,175          |               |               |
| C                | Recoveries of prior year grants   |                 |               |               |
| d                |   |                 | .             | 64 175        |
| e                | Add lines <b>2a</b> through <b>2d</b>   |                 | 2e 3          | 64,175        |
| 3<br>4           | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |                 | 3             | 445,071       |
|                  | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |                 | ,             |               |
| a<br>b           | Other (Describe in Part XIV.)   |                 |               |               |
| C                |   |                 | 4c            |               |
| 5                | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   |                 | 5             | 445,071       |
|                  | XIII Reconciliation of Expenses per Audited Financial Statements With   |                 |               | 443,071       |
| 1                | Total expenses and losses per audited financial statements  |                 | 1             | 545,507       |
| 2                | Amounts included on line 1 but not on Form 990, Part IX, line 25.   |                 | <del> </del>  | - 010,007     |
| - а              | Donated services and use of facilities  | 64,175          |               |               |
| b                | Prior year adjustments  |                 |               |               |
| C                | Other losses  |                 |               |               |
| d                | Other (Describe in Part XIV.)   |                 |               |               |
| e                | Add lines <b>2a</b> through <b>2d</b>   |                 | 2e            | 64,175        |
| 3                | Subtract line 2e from line 1  |                 | 3             | 481,332       |
| 4                | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                 |               |               |
| а                | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |                 | ',            |               |
| b                | Other (Describe in Part XIV.)   |                 |               |               |
| С                | Add lines <b>4a</b> and <b>4b</b>   |                 | 4c            |               |
| 5                | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   |                 | 5             | 481,332       |
| Part             | XIV Supplemental Information  |                 |               |               |
| Part V<br>any ac | blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and dditional information.  (II and XIII: Includes costs that are netted on Form 990 and reported gross on the audited fir | d 4b. Also comp | olete this pa |               |
|                  |   |                 |               |               |
|                  |   |                 |               |               |
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Schedule D (Form 990) 2011

Page 4

| Schedule D (Foi | rm 990) 2011                            | Page <b>5</b>                         |
|-----------------|---|---------------------------------------|
| Part XIV        | Supplemental Information (continued)    |                                       |
|                 |   |                                       |
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### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

► Complete if the organization answered 
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

ParentalRights.org

Employer identification number 20-8490398

| 1 0101110 |  |                     |  |  |                          |                                |             |          |         |          |            |          |
|-----------|--|---------------------|--|--|--------------------------|--------------------------------|-------------|----------|---------|----------|------------|----------|
| Part      | Excess Benefit Transactions<br>Complete if the organization ar   | (section<br>nswered | 501(c)(3<br>"Yes" o                              | i) and section 501(c)(<br>n Form 990, Part IV, | 4) organi:<br>line 25a d | zations only)<br>or 25b, or Fo | rm 99       | 0-EZ.    | Part '  | V. lıne  | 40b.       |          |
| 1         |  |                     |  |  |                          |                                |             |          |         |          |            | rected?  |
|           | (a) Name of disqualified person  |                     |  |  | (b) Descrip              | otion of transact              | ion         |          |         |          | Yes        | No       |
| (1)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (2)       |  |                     | <del></del>                                      |  |                          |                                |             |          |         |          |            | L        |
| _(3)      |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (4)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (5)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (6)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
|           | Enter the amount of tax imposed  | on the c            | organızat  | ion managers or dis                            | squalified               | persons du                     | ring t      | he ye    | ar      |          |            |          |
|           | under section 4958   |                     |  |  |                          |                                | •           | !        | ▶ \$    | <u> </u> |            |          |
| 3         | Enter the amount of tax, if any, on li   | ne 2, abo           | ove, reim  | bursed by the organ                            | ization                  |                                | -           | !        | ▶ \$    | ·        |            |          |
| Part I    | Loans to and/or From Interes   | sted Per            | sons.  |  |                          |                                |             | -        |         |          |            |          |
|           | Complete if the organization ar  | nswered             | "Yes" o  | n Form 990, Part IV,                           | line 26, o               | r Form 990-E                   | EZ, Pa      | art V, I | ine 38  | За.      |            |          |
| (a        | Name of interested person and purpose  | (b) Loan            | to or from                                       | (c) Original                                   | (d) B                    | alance due                     | (e) In (    | default? |         | proved   | (a) W      | /ntten   |
| •         | , , , ,  | the orga            | anization?                                       | principal amount                               | ''                       |                                | '           |          |         | ard or   | agreement? |          |
|           |  |                     | ,  |  |                          |                                |             | ·        | COITIII | milee r  |            |          |
|           |  | То                  | From   |  |                          |                                | Yes         | No       | Yes     | No       | Yes        | No       |
| (1)       | Annual Control of the |                     |  |  |                          |                                | ļ           |          |         |          | <u></u>    |          |
| (2)       |  |                     |  |  | <u> </u>                 |                                |             |          |         |          |            |          |
| (3)       |  | <u> </u>            |  |  | ļ                        |                                |             |          |         |          |            |          |
| _(4)      |  | _                   | <del>                                     </del> |  | ļ. <u> </u>              |                                |             | ļ        |         |          |            | <u> </u> |
| (5)       |  |                     |  |  |                          | <del></del>                    | <b>.</b>    | <u> </u> |         |          | <u> </u>   |          |
| (6)       |  |                     |  |  |                          |                                | ļ           | ļ        |         |          |            | <b></b>  |
| (7)       |  |                     | 1  |  | ļ                        |                                | ļ           |          |         | _        |            |          |
| (8)       |  |                     | <del>  </del>                                    |  | ļ                        |                                |             |          |         |          |            |          |
| (9)       |  |                     |  |  |                          |                                | <del></del> | ļ        |         | <u> </u> | ļ          |          |
| (10)      |  |                     | 1 1  | <u> </u>                                       |                          |                                | <u> </u>    | L        |         | <u> </u> |            | L        |
| Total     | III Ought as Assistance Baseful  |                     |  | <b>▶</b> \$                                    |                          |                                |             |          |         |          | <u> </u>   |          |
| Part I    | Grants or Assistance Benefit Complete if the organization ar   | ng inte             | "Yes" o  | n Form 990, Part IV,                           | lıne 27.                 |                                |             |          |         |          |            |          |
|           | (a) Name of interested person  | (b) R               | elationship                                      | between interested person organization         | n and the                | (c)                            | Amoun       | t and ty | pe of a | ssistan  | ce         |          |
| (1)       |  |                     |  |  |                          |                                | ·           |          |         |          |            |          |
| (2)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (3)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (4)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (5)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (6)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (7)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (8)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| (9)       |  |                     |  |  |                          |                                |             |          |         |          |            |          |
| /4 O\     |  | 1                   |  |  |                          | 1                              |             |          |         |          |            |          |

| Part IV     | Form 990 or 990-EZ) 2011  Business Transactions Inv | volving Interested Persons.  | <del></del>             |                                   | F                                     | Page 2   |
|-------------|---|--|-------------------------|-----------------------------------|---------------------------------------|--|
|             | Complete if the organization                        | volving Interested Persons. n answered "Yes" on Form 990   | ), Part IV, line 28a, 2 | 28b, or 28c.                      |                                       |  |
|             | (a) Name of interested person                       | erested person  (b) Relationship between interested person and the organization  (c) Amount of transaction  (d) Description of transaction |                         | (d) Description of transaction    | organi                                | aring of<br>zation's<br>nues?                    |
|             |   |  |                         |                                   | Yes                                   | No   |
| <del></del> | nael P. Farris                                      | President  | \$50,964                | Merchandise Sales                 | ✓                                     |  |
| (2)         |   |  |                         |                                   |                                       | ļ <u></u>  |
| (3)         |   |  |                         |                                   |                                       | <del>                                     </del> |
| (4)<br>(5)  |   | <del>-</del>   |                         |                                   | ···                                   | <del> </del>                                     |
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| Part V      | Supplemental Information                            | i<br>le additional information for rei   | snonses to allestic     | ns on Schedule L (see instruction | nne)                                  |  |
|             | Complete this part to provid                        | ie additional information for re-  | sponses to question     | is on schedule L (see instruction | ) i i S).                             |  |
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### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

PARENTALRIGHTS.ORG

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

Open to Public Inspection

Employer identification number

20-8490398

► Attach to Form 990 or 990-EZ. Name of the organization

| Part IV, Line 6: ParentalRights.org offers various levels of membership to encourage donations and bolster lobbying efforts                     |
|---|
| Part VI, Line 11A: Form 990 is prepared by internal accounting staff, reviewed by an independent accounting firm, and then submitted            |
| to the Board for review. Upon confirmation from the Board, Form 990 is signed by the President and mailed.                                      |
| Part VI, Line 12c: Annually, the organization's conflict of interest policy is reviewed and updated to reflect changes during the course of the |
| year All Board members and staff are required to acknowledge that they have read and are in compliance with the policy. Any conflict            |
| of interest is disclosed by the Secretary, Treasurer, Executive Director, or President to the Board who will make a determination whether       |
| the conflict is acceptable or not based on facts and circumstances. Should a Board member have a conflict, they are to physically               |
| excuse themselves from any discussions and decisions regarding the issue.   |
|   |
| Part VI, Line 15b. Compensation is determined using objective data sources that provide salary information for job descriptions and             |
| companies comparable to ours  |
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| Part VI, Line 19. All governing documents, conflict of interest policy, and financial statements are available upon request to the public.      |
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| Schedule O (Form 990 or 990-EZ) (2011) | Page 2                                 |
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| Name of the organization               | Employer identification number         |
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