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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
MISSOURI RIGHT TO LIFE - EASTERN REGION
Number and street (or P.O. box, if mail is not delivered to street address)
1000 EXECUTIVE PARKWAY
Room/suite
229
City or town, state or country, and ZIP + 4
ST. LOUIS MO 63141

D Employer identification number
43-1075676
E Telephone number
314-434-4900
F Group Exemption
Number ►

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.MISSOURILIFE.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **53642.60**

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

Check if the organization used Schedule O to respond to any question in this Part I □

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 15823.18
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 3.79
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 37800.03
	c Less: direct expenses from gaming and fundraising events	6c 18353.56
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 19446.47
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 15.60
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 35289.04
Net Assets/Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 5635.00
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14 4444.93
	15 Printing, publications, postage, and shipping	15 1204.38
	16 Other expenses (describe in Schedule O)	16 31535.73
	17 Total expenses. Add lines 10 through 16	17 42820.04
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <7531.00>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 37934.06
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 30403.06

W P

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	37934.06	22 30403.06
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	37934.06	25 30403.06
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37934.06	27 30403.06

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **EDUCATION**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts; optional
for others.)

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

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SCHEDULE ATTACHED				
		</		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes No
33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No
34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No
35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes No
35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Yes No
35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes No
37a

b Did the organization file Form 1120-POL for this year? Yes No
37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No
38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
38b

39 Section 501(c)(7) organizations. Enter:
 a Initiation fees and capital contributions included on line 9 Yes No
39a

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ Yes No
40a

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes No
40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes No
40d

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes No
40e

41 List the states with which a copy of this return is filed ► Yes No

42a The organization's books are in care of ► **WILLIAM WINTERS** Telephone no. ► **314-355-5358**
 Located at ► **P.O. BOX 1464 LAKE SHERWOOD MO** ZIP + 4 ► **63357** Yes No
42a

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes No
42b

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► Yes No
42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44b

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes No
44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
45a

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No
45b

48 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Check if the organization does not . . .		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100 000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 <u>William F. Winters</u> Signature of officer  <u>William F. Winters</u> TREASURER <small>Type or print name and title</small>	9/12/2013 Date
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Paid Preparer Use Only	Print/Type preparer's name B.A. DE GHELEDER	Preparer's signature <i>B.A. De Gheleder</i>	Date 9-9-13	Check <input checked="" type="checkbox"/> if self-employed	PTIN PO1436366
	Firm's name ► BERNARD A. DE GHELEDER			Firm's EIN ► 43-1406073	
	Firm's address ► 2501 PHEASANT RUN DR.			Phone no. 314-878-7245	

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

MARYLAND HTS., MO 63043

Name MISSOURI RIGHT TO LIFE EASTERN Region
 FOR THE YEAR 2012 EIN 43-1075676

	INCOME	EXPENSE
<u>SPECIAL EVENTS & ACTIVITIES</u>	\$ 37800.03	\$ 18353.56
WEB ADS	10910.00	569.56
ACTION DAY	10624.00	10771.00
CHRISTMAS CARDS	11541.04	6925.00
MATERIALS	88.00	88.00
QUILT	395.00	
RUMMAGE SALES	3334.42	
FOOD STANDS	819.20	
RESALE SHOP	88.37	
<u>GRANTS & SIMILAR AMOUNTS PAID</u>		
MISSOURI RIGHT TO LIFE	700.00	
IMMACULATE CONCEPTION	100.00	
PREGNANCY ASSISTANCE CENTER	1300.00	
VITAE	200.00	
GOOD SHEPHERD CHILDREN'S HOME	25.00	
SILENT NO MORE	100.00	
OUR LADY'S INN	250.00	
MARCH FOR LIFE - DC	210.00	
MRL EDUCATION FUND	2750.00	
<u>OTHER EXPENSES</u>		
ADVERTISING	2767.97	
EDUCATION	672.00	
OFFICE SERVICES	4554.16	
OFFICE SUPPLIES	815.66	
PHONE	1032.05	
MISCELLANEOUS	159.39	
TRAVEL	134.50	
BILLBOARDS	21400.00	
	31535.73	

Name Missouri, Right To Life - Eastern Region FOR THE YEAR 2012 EIN 43-1071676

LIST OF OFFICERS

List of Officers		Name & Address	Term	Area. Has per wk.	Compensation	Bene. Plans	Contributions to Deferred Comp	Expense Account	\$	\$	\$
SUSAN CALHOUN	472 GABRIEL DR	ST LOUIS, MO 63122	Secy	2	0	0	0	0	0	0	0
MAGGIE BICK	219 HONEYVIEW BLVD	ST LOUIS, MO 63122	V.P.	2	0	0	0	0	0	0	0
STEVE RUFF	1677 QUEENS DR	FORTISSANT, MO 63031	PRES.	2	0	0	0	0	0	0	0
BILL WINTERS	P.O. BOX 1464	LAKE SHEARWOOD, MO 63357	TREAS.	2	0	0	0	0	0	0	0