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Assets 19

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990-EZ

Short Form 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)

2012

OMB No 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service 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 C Name of organization D Employer identification number R Check if applicable Address change Vermont Right to Life Committee Inc. 51-0201949 Name change Room/suite E Telephone number Number and street (or P O box, if mail is not delivered to street address) Initial return PO Box 1079 8022294885 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Mont, VT 05601 Application pending G Accounting Method. Other (specify) ▶ H Check ► ✓ If the organization is **not** I Website: ▶ www.vrlc.net required to attach Schedule B (Form 990, 990-EZ, or 990-PF). **527** 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 Revenue. Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . Contributions, gifts, grants, and similar amounts received 47611 2 Program service revenue including government fees and contracts 2 41026 3 0 4 Investment income 116 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ 12105 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 9548 7a Gross sales of inventory, less returns and allowances . 7a Less: cost of goods sold С Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 30103 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 128404 10 Grants and similar amounts paid (list in Schedule O) 10 3225 Benefits paid to of for member EIVED 11 11 0 Salaries, other compensation, and employee benefits . . . 12 12 71448 Professional fees and other payments to independent contractors 13 13 3583 Occupancy, rent, utilities, and mathtenange | 14 14 7535 Printing, publications, postage, and shipping 15 15 32545 16 Other expenses (describe in Schedule O) 16 20023 Total expenses. Add lines-10 through 161. 17 17 138359 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . 18 (9955)

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Other changes in net assets or fund balances (explain in Schedule O) . . .

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

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27216

17262

	990-EZ (2012)					
Pai	t II Balance Sheets (see the instructions	•				_
>′	Check if the organization used Schedule	O to respond to an	y question in this	Part II		<u>.</u> 🗸
				(A) Beginning of year	((B) End of year
22	Cash, savings, and investments		[43237	22	27574
23	Land and buildings		Г	0	23	0
24	Other assets (describe in Schedule O)		[16129	24	15845
25	Total assets			59366		43419
26	Total liabilities (describe in Schedule O)			32150		26157
27	Net assets or fund balances (line 27 of column		1 line 21)	27216		17262
Par						17202
Fall	Check if the organization used Schedule					Expenses
140				raitiii u		ulred for section c)(3) and 501(c)(4)
	t is the organization's primary exempt purpose?					nizations and section
	ribe the organization's program service accompl					(a)(1) trusts, optional
	neasured by expenses. In a clear and concise n		e services provided	d, the number of	for of	thers.)
pers	ons benefited, and other relevant information for e	ach program title.				
28	Lobbying efforts in support of pro-life legislation and	d in opposition to ass	istrd suicide at thr s	tate and federal		
	levels; publication of statewide and chapter newslet	ters and resource boo	k; media appearanc	es/press releases		l
	informational displays at fairs; pro-life ads; web pag	e				
	(Grants \$) If this amount	t includes foreign gra	ints, check here .	▶ 🔲	28a	112999
29						
		,				
			••••••			
	(Grants \$) If this amount	t includes foreign gra			29a	
30					254	
30					l	
	/O			······		
		t includes foreign gra	 -	<u> ▶</u> ⊔	30a	ļ
31	Other program services (describe in Schedule O)					
		t includes foreign gra	ints, check here .	<u></u> ▶	31a	
	Total program service expenses (add lines 28a		<u> </u>		32	112999
Par	t IV List of Officers, Directors, Trustees, and Ke				struct	tions for Part IV)
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV		<u> 🗆</u>
		(b) Average	(c) Reportable	(d) Health benefits,		5
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)			and companiation
Mary	Hahn Beerworth, Executive Director	 		 		
10.0.1	Training Decimonal, Excountry Director	40	37550	,	0	•
<u></u>	Attached for Poord of Directors	 40	3/330	' 	-	
See /	Attached for Board of Directors					
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Part				
·	instructions for Part V) Check if the organization used Schedule O to respond to any question in this		Yes	_⊔ No
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	33	163	√
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)			
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)?			
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	35a 35b		<u> </u>
С	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.			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Jua		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
þ	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			J
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	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,			
ند	4955, and 4958	1		
d	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ None			
42a	The organization's books are in care of ▶ Sharon Toborg Telephone no. ▶	80222	94885	5
	Located at N 73 Main St Montpeller VT	056		
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)?	42b	Yes	No
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		l	<u> </u>
40	and enter the amount of tax-exempt interest received or accrued during the tax year		•	
•			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	44a		1
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	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in School to C			<u>-</u>
AF-	explanation in Schedule O	44d		-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		├ ✓
45b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)	45h		

Page	4
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									Yes	No
		ne organization engage, directly or inc								
_		ndidates for public office? If "Yes," co					. 4	16		✓
Part v	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							es		
	Check if the organization used Schedule O to respond to any question in this Part VI								<u> </u>	
	.			. 504# \			. —	\dashv	Yes	No
	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		
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
	Did the organization make any transfers to an exempt non-charitable related organization?							9a		
 b If "Yes," was the related organization a section 527 organization?						ac an	d ko			
		oloyees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."								
		Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health I contributions t benefit plans, a compen	penefits, o employee and deferred	(e) Estir	nated		unt of
						5	_			
			<u> </u>							
					 					
					 					
		number of other employees paid over								
51	Comp	plete this table for the organization's 000 of compensation from the organ	s five highest compe	ensated independent	contractors	who each	receiv	/ed	more	thar
	Ψ100,	ood of compensation from the organ	iization. Il there is no	The, enter None.						
(a) Name and address of each independent contractor paid more than \$100,000		(b) Type of service		(c) Compensation			n			
									_	
			•							
				-						
				1						
						_				
		number of other independent contra	-	·						
		ne organization complete Schedule A		_				_	_	
		kempt charitable trusts must attach a						Yes	_=_	No
true, corr	ect, an	of perjury, I declare that I have examined this red complete Declaration of preparer (other than	officer) is based on all info	ying schedules and statem ormation of which preparer	ents, and to the has any knowled	nest of my kr dge ہے	nowledge ,	and	belief,	it is
		Anaron FT	Olma			2/1	5 	7-	 _	
Sign		Signature of officer	7) // C)//	' ~	$\overline{}$	
Here		Sharon Toborg, Treasurer	<i>U</i>					_	_	
		Type or print name and title	10							
Paid		Print/Type preparer's name	Preparer's signature	D	ate	Check	ıf PT	IN		
Prepa						self-emplo	yed			
Use C	nly	Firm's name			-	's EIN ▶				
May the	e IRS	Firm's address ► discuss this return with the preparer	shown above? See	instructions	Pho	ne no	▶ □ '	Vac		No.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Inspection Employer identification number

Name of the organization	Employer identification number
Vermont Right to Life Committee Inc	51-0201949
Part I Line 8 - Staff subcontracting fees	
Dert 1 Line 17 Dupper expenses muse eve	
Part 1 Line 17 - Dinner expense; misc exp.	
Part II Line 24 - Equipment, prepaid exp	
Part II Line 26 - Unearned Revenue; A/P; Payroll taxes payable	
	······································
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Vermont Right to Life Committee EIN 51-0201949 Form 990 EZ Part IV List of Officers and Directors

President: Vice President:

Rettat Dunlap Paul Niekrewicz

Secretary:

Agnes Clift

Treasurer:

Sharon Toborg

Directors:

Robert Pegram Judy Sekerak Michele Morin Kathleen Grange Margaret Barnes Patricia Brooks Geraldine Callan Brenda Pepin

Barbara Burrington Eileen Haupt Elizabeth Dunlap

Hannah Morse

Addresses for all should be listed as:

C/O VRLC PO Box 1079 Montpelier VT 05601

None received compensation, benefits, or other compensation