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#### Form **990-EZ**

Internal Revenue Service

Department of the Treasury

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 frust 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. 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

OMB No 1545-1150

Open to Public Inspection

A	For t	he 2012 c	alendar year, or tax year beginning and ending				
В	Check applica		C Name of organization	D Employe	r identification number		
ſ	<del>-</del> -i	ress change	TENNESSEE RIGHT TO LIFE EDUCATION				
Ē		ne change	FUND, INC.	58-1544801			
Ī		ai return					
ř			PO BOX 110765	(615) 298-5433			
F		ninated	F Group Exemption				
		ended return	City or town, state or country, and ZIP + 4  NASHVILLE, TN 37222-0765	•	•		
		cation pending		Number			
G		inting Meth		H Check ►if the organization is not			
ı.			WW.TRLEDUCATIONFUND.ORG	required to attach Schedule B			
<u>J</u>			us (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no ) 4947(a)(1) or 527		90, 990-EZ, or 990-PF)		
K	-		ıf the organization is not a section 509(a)(3) supporting organization or a section 527 organization <b>and</b> its g		·		
	\$50,0	00 A Form	990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction	ins) But if t	he organization chooses to file		
	a retu	rn, be sure i	to file a complete return				
L	Add III	nes 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	H,			
_			B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 160,336 <b>.</b>		
I	art l	Reve	enue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for f	Part I)		
		Check	rf the organization used Schedule O to respond to any question in this Part I		X		
	1	Contribut	tions, gifts, grants, and similar amounts received	1	157,463.		
	2	Program	service revenue including government fees and contracts	2	2,696.		
	3	Members	ship dues and assessments	3			
	4	Investme	ntincome SEE SCHEDULE O	4	177.		
	5a	Gross am	nount from sale of assets other than inventory 5a				
	b		at or other basis and sales expenses 5b				
68)			loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1		
3	6	•	and fundraising events				
$\sim$	a	-	come from gaming (attach Schedule G if greater than				
<b>≱</b> 5	"	\$15,000)	1 1				
SEP 0 4 2013	١,		come from fundraising events (not including \$ of contributions				
مج	þ		draising events reported on line 1) (attach Schedule G if the sum of such				
S							
		•					
SCANNED	C	Less: dire					
2	_d		ne or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c)	<u>6</u> d			
3	7a		les of inventory, less returns and allowances O 7a 7b				
	þ		10/1	—			
S	C		ofit or (loss) from sales of inventory-(Subtract line 7b from line 7a)	. <u>7c</u>			
	8	Other rev	enue (describe in Schedule of EM	8	160 226		
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d <del>, 7e, and 8</del>	<b>▶</b> 9	160,336.		
	10		nd similar amounts paid (list in Schedule 0) SEE SCHEDULE O	10	<del></del>		
	11	•	paid to or for members	. 11			
es	12		other compensation, and employee benefits	12			
ens	13	Professio	onal fees and other payments to independent contractors	13			
Expenses	14	Occupant	cy, rent, utilities, and maintenance	. 14			
ш	15	Printing,	publications, postage, and shipping	15			
	16	Other exp	penses (describe in Schedule 0) SEE SCHEDULE O	. 16			
	17	Totalexp	enses. Add lines 10 through 16	<b>▶</b> 17			
<u></u>	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)	18	15,987.		
sets	19		s or fund balances at beginning of year (from line 27, column (A))				
Ass			ree with end-of-year figure reported on prior year's return)	19	88,977.		
Net Assets	20		anges in net assets or fund balances (explain in Schedule 0)  SEE SCHEDULE O	20	6 440		
Z	21		is or fund balances at end of year Combine lines 18 through 20	<u>▶</u> 21	111 404		
Li	HA Fo		rk Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2012)		

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orr	1990-EZ (2012) FUND, INC.			58-	<u> 1544</u> 8	01 Page
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to re-	spond to any quest	<u>ion in this Part II</u>			X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments	<u>L</u>	87,943	- 22		96,733
23	Land and buildings			- 23		6,440
24	Other assets (describe in Schedule 0) SEE SCHEDULE C	) <u> </u>	1,034			8,231
25	Total assets		8 <mark>8,</mark> 977	• 25		111,404.
26	Total liabilities (describe in Schedule O)			• 26		0.
27			88,977			111,404.
P.	Statement of Program Service Accomplishme	•				penses
	Check if the organization used Schedule O to re-		<u>ion in this Part II</u>	<u>ILX</u>		for section and 501(c)(4)
Nha	it is the organization's primary exempt purpose? ${ t SEE \;\; SCHEDULE \;\; C}$	)			organizatio	ons and section
	nbe the organization's program service accomplishments for each of its three largest program		ses In a clear and concise		4947(a)(1) for others	trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant infor	mation for each program title			TOT OUTERS	,
28	SEE SCHEDULE O					
	(Grants \$ ) If this amount includes foreign	grants, check here	<u>_</u> <b>_</b>	Ш	28a	112,617.
29						
	<u> </u>					
	<del> </del>					
	(Grants \$ ) If this amount includes foreign	grants, check here		Щ	29a	
30						
	0.000					
	(Grants \$ ) If this amount includes foreign	grants, check here			30a	
31	Other program services (describe in Schedule O)	•				
	(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>		31a	
	Total program service expenses (add lines 28a through 31a)			<b>•</b>		112,617.
P.	List of Officers, Directors, Trustees, and Key I				nstructions fo	or Part IV)
	Check if the organization used Schedule O to re-	spond to any quest	ion in this Part I\	<u>/</u>		
		(b) Average hours	(C) Reportable		alth benefits, butions to	(e) Estimated
	(a) Name and title	per week devoted to	w-2/1099-MISC)	emplo	yee benefit and deferred	amount of other
		position	(if not paid, enter -0-)		pensation	compensation
	OMAS D. BOLES					
		1.25	0.		0.	0.
		20.00	0.		0.	0.
SE	CRETARY	20.00	0.		0.	0.
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	REASURER RIAN HARRIS RESIDENT 20.00 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.					
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#### TENNESSEE RIGHT TO LIFE EDUCATION

58-1544801

Page 3

FUND, INC.

Form 990-EZ (2012)

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 Sch. O to respond to any question in this Part V XYes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule O 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) 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 35a 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 35b 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 X . . . . . 35c requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X 36 complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X 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 X in a prior year and still outstanding at the end of the tax year covered by this return? ..... 38a N/A b If "Yes." complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter N/A 39a a Initiation fees and capital contributions included on line 9 N/A 39b 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 0 • ; section 4912 ► 0 • , section 4955 ► 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? Х 40b If "Yes," complete Schedule L, Part 1 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers 0. or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the 0. organization 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 List the states with which a copy of this return is filed  $\,\blacktriangleright\, TN$ Telephone no ► 615-242-7351 42a The organization's books are in care of ► THOMAS D. BOLES ZIP+4 ► 37228 Located at ▶ 555 GREAT CIRCLE ROAD, NASHVILLE, TN b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b Х 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c 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 N/A 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 X 44a Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? . . 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d ın Schedule O Х 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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) Form 990-EZ (2012)

TENNESSEE RIGHT TO LIFE EDUCATION Form 990-EZ (2012) FUND, INC. 58-1544801 Page 4 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? X If "Yes," complete Schedule C, Part I 46 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 Yes No X Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 X is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X 49a 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours (d) Health benefits (e) Estimated (C) Reportable contributions to employee benefit plans, and deferred compensation (Forms paid more than \$100,000 per week devoted to amount of other W-2/1099-MISC) compensation position NONE compensation Total number of other employees paid over \$100,000 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." 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 . . . . 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 Under penalties of perjury, I declarate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true Declaration of preparer (other than officer) is based on all information of which greparer has any knowledge Boles Sign Here TREASURER

232174 01-11-13

Paid

Preparer **Use Only**  Preparer's signature

Date

Check [

self-employed

Firm's EIN

Phone no

PTIN

Yes Form 990-EZ (2012)

THOMAS D.

Type or print name and title

Firm's name

Firm's address

Print/Type preparer's name

BOLES,

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

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2012

Open to Public Inspection

vaine or t	ne organizati		EE RIGHT TO	TILE	EDUCA	TION		=		OTEAA		
Part I	Reason	FUND, I	ity Status (All organiz	rations mu	et complet	to this non	) Coo Inci	tructions		8-1544	801	
							•	tructions.				
1 Gan			because it is: (For lines a s, or association of church									
2 🗀			s, or association of chur <b>'0(b)(1)(A)(ii).</b> (Attach Sc			cuon 170	(D)(1)(A)(I)	).				
3				·-		470/5/41	/A\/:::\					
			ital service organization o operated in conjunction					/L\/4\/A\/:	ii) Entor	the beenite	'a aaa	
<b>→</b>	city, and stat		operated in conjunction	Willi a 110s	spital desci	ince iii se	CHON 170	(0)(1)(24)(11	ij. Enter	tile nospital	Silail	ie,
5	•		benefit of a college or ur	niversity o	wned or or	perated by	2 GOVERN	mental uni	t decemb	ned in		
<b>,</b>		(b)(1)(A)(iv). (Comple		inversity o	wiled of of	Jeraleu Dy	a govern	inentar uni	t descrit	Jeu III		
6			ent or governmental unr	t describe	d in sectio	n 170/h\/-	11/41/41					
7 X		-	eives a substantial part					or from the	neneral	nublic desc	nhod	ın
		<b>b)(1)(A)(vi).</b> (Comple		or no oopp	Jore monna	governin	inta ann c	<i>y</i> 110111 the	genera	public desc	ilibea	
8 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗌	-		eives: (1) more than 33 1		•	rom contri	butions, n	nembershi	p fees. a	and aross re	ceints	from
			nctions - subject to certa									
			axable income (less sect									
		<b>509(a)(2).</b> (Complete					-					
10 🔲	An organizati	on organized and or	perated exclusively to te	st for publ	lıc safety. S	See <b>sectio</b>	n 509(a)(4	4).				
11	An organizati	on organized and or	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> e	ction 509(	<b>a)(3).</b> Ch	eck the box	that	
			organization and comple	ete lines 1	1e through	11h.		_				
	a Type I				inctionally	_				n-functional	•	_
e			at the organization is not				-		-	-		
			han one or more publicly						9(a)(1) or	section 509	(a)(2).	
f			ten determination from t	the IRS tha	atıtısa İy	pe I, Type	II, or Type	e III				
_		rganization, check th	•			<b>.</b>					•	L
g	_		organization accepted an			•		• .		_	V	N.
		*	lirectly controls, either alupported organization?	one or log	jetner with	persons c	escribed	ın (ii) and (	iii) below	· _	Yes	No
	=	- ·	n described in (i) above?			•	•		•	11g(i)	ļ <u></u>	
	-	•	person described in (i) o		 e?		•		• ••••	11g(ii) 11g(iii)		_
h			about the supported org				• •			119(11)		
		one mily imemigation	about the supported of	garnzanon	(0).							
(i) Nama	of supported	(li) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Did voi	i notify the	(vi) Is	the	(will Amount		
• •	nization	(II) EIN	(described on lines 1-9		sted in your	organizat	ion in col.	organizátio (i) organiz	on in col	(vii) Amount	oi iiio port	letary
J			1	governing	document?	(i) of you	support?	ÜŠ	.?		, , , ,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
					ļ			<u> </u>				
		·										
Total												
	aperwork Re	duction Act Notice	, see the Instructions fo	<u></u>	<u> </u>		L	Sobodii.		m 990 or 99	0 ET	2012
	-p 116		,					SUBBUIL	U A (FOI)	いい マママ ひじ ガタ	ソーロム)	2012

232021 12-04-12

Form 990 or 990-EZ.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 155,487. 138,940. 162,092. 157,463. 160,041. 774,023. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 162,092. 155,487. 160,041. 138,940. 157,463. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 65,113. column (f) 708,910. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2011 (f) Total Catendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010(e) 2012 155,487. 160,041. 138,940. 162,092. 157,463. 774,023. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,421. 618. 548. 170. 177. 2,934. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 776,957. 11 Total support. Add lines 7 through 10 14,883. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 91.24 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 % 91.51 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

# Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	now, piease com	piete r <u>ait ii.)</u>			<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						[
	include any "unusual grants.")				1		
2	Gross receipts from admissions,						
	merchandise sold or services per-					•	
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose		ŀ				
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513				,		
					1	<del></del>	<del> </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				<u> </u>		
_	or expended on its behalf				<del></del>	· · · · · · · · · · · · · · · · · · ·	-
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					<del> </del>	ļ
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						_
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b  Net income from unrelated business						
• •	activities not included in line 10b,				ļ		
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				<u> </u>		
	assets (Explain in Part IV.)	<del></del>					
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sect	on 501(c)(3) organiz	zation,
	check this box and stop here				•		<b>▶</b>
<u>Se</u>	ction C. Computation of Public	<u>c Support Pe</u>	rcentage			_ <del>_</del>	
15	Public support percentage for 2012 (lin	ne 8, column (f) d	ivided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	2 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	011 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2012. If the c			on line 14, and line	e 15 is more than		
	more than 33 1/3%, check this box an						▶□
ŀ	33 1/3% support tests - 2011. If the c						and
•	line 18 is not more than 33 1/3%, chec						. —
20	Private foundation. If the organization						
20	Fivate loundation. If the organization	did flot check a	DOX OIT IIII 14, 19	a, or 190, check th	ns box and see i	ISTRUCTIONS	

#### 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.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

232211 01-04-13 TENNESSEE RIGHT TO LIFE EDUCATION

Employer identification number 58-1544801

FUND, INC.	58-1544801
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	177.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: GRANT	
GRANTEE NAME: MASSACHUSETTS CITIZENS FOR LIFE	
GRANTEE ADDRESS: THE SCHRAFFT CENTER, 529 MAIN STE 1M9 E	BOSTON, MA 02129
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION: GRANT	
GRANTEE NAME: THE HUMAN LIFE FOUNDATION, INC.	
GRANTEE ADDRESS: PO BOX 574 NEW YORK, NY 10157	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
AMOUNT GIVEN:	50.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	2,050.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES	S, AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	8,422.
OTHER EXPENSES	2,516.
TOTAL TO FORM 990-EZ, LINE 14	10,938.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	nedule O (Form 990 or 990-EZ) (2012)

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

TENNESSEE RIGHT TO LIFE EDUCATION FUND, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 58-1544801 \end{array}$ 

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SUPPLIES	1,340.
TRAVEL	1,103.
ADMINISTRATIVE	2,020.
BOOTH FEES	3,775.
ADVERTISING	23,654.
LITERATURE	9,781.
PRO-LIFE PROGRAMS	27,631.
ORATORY CONTESTS	5,218.
LICENSES & PERMITS	225.
WEBSITE FEES	2,069.
TOTAL TO FORM 990-EZ, LINE 16	76,816.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	·
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
PRIOR PERIOD ADJUSTMENT: LAND CONTRIBUTED IN 2011	6,440.
	<del></del>
FORM 990EZ, PART I, LINE #12:	
THE TENNESSEE RIGHT TO LIFE EDUCATION FUND PAYS A PERCENTAGE OF	
SALARIES OF EMPLOYEES OF TENNESSEE RIGHT TO LIFE, A SEPARATELY	
501(C)(4) INCORPORATED ORGANIZATION. THE TENNESSEE RIGHT TO LIF	E
EDUCATION FUND REIMBURSES TENNESSEE RIGHT TO LIFE FOR THE PERCEN	TAGE OF
WAGES THAT IS APPLIED TOWARDS EDUCATIONAL OUTREACH.	

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

Schedule O (Form 990 or 990-EZ) (2012)

#### 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. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

TENNESSEE RIGHT TO LIFE EDUCATION

Name of the organization **Employer identification number** FUND, INC. 58-1544801 FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR OTHER DEPRECIABLE ASSETS 1,034. 8,231. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TENNESSEE RIGHT TO LIFE EDUCATION FUND, INC. EDUCATES AND INFORMS THE PUBLIC CONCERNING PROMOTING, UPHOLDING AND SUPPORTING REVERENCE AND RESPECT FOR HUMAN LIFE WITHOUT REGARD TO CONDITION, QUALITY, AGE, RACE, RELIGION, CREED OR COLOR, WHETHER BORN OR UNBORN. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: TENNESSEE RIGHT TO LIFE EDUCATION FUND AND ITS STATE-WIDE CHAPTERS ANNUALLY COORDINATE MORE THAN 100 EDUCATIONAL OUTREACH BOOTHS AT LOCAL COMMUNITY EVENTS, SPONSOR AN ANNUAL HIGH SCHOOL ORATORY CONTEST IN MORE THAN 30 TENNESSEE COUNTIES, COORDINATE MEDIA CAMPAIGNS INCLUDING LIFE-AFFIRMING BILLBOARDS AND TARGETED ADVERTISING IN PHONE BOOKS, NEWSPAPERS, AND ON RADIO, AND EXISTS TO ENCOURAGE AND PROMOTE DIRECT ASSISTANCE TO WOMEN AND FAMILIES FACING DIFFICULT OR UNEXPECTED PREGNANCIES. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Schedule O (Form 990 or 990-EZ) (2012)

15

Department of the Treasury Internal Revenue Service (99)

## **Depreciation and Amortization** 990-EZ

(Including Information on Listed Property) ► Attach to your tax return. OMB No 1545-0172 Attachment

memai	revenue	Service	
Alama/a\	chown o	n mtum	

► See separate instructions.

Sequence No 179

varme(s) shown on return			Dusine	33 01 000	ivity to willow	Talls lotti relate	-	laditarying namber
TENNESSEE RIGHT TO LIF FUND, INC.	E EDUCAT.	ION	FOR	м 9	90-EZ	PAGE	1	58-1544801
Part   Election To Expense Certain Propert	v Under Section 17	9 Note: If vo						
1 Maximum amount (see instructions)	y 0.1101 00011011 1 1	<u> </u>	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	500,000.
2 Total cost of section 179 property place	d in service (see	nstructions)			•	•	2	
3 Threshold cost of section 179 property b	•		• •	•	• •	• •	3	2,000,000.
4 Reduction in limitation. Subtract line 3 fr			er-O-		•		4	
5 Dollar limitation for tax year Subtract line 4 from line				instructi	ons		5	
6 (a) Description of proj		-o- ii iiiaiiica iiii	(b) Cost (busine			(c) Elected	l cost	
			_					
7 Listed property. Enter the amount from	ine 29				7			
8 Total elected cost of section 179 proper		in column (c	c), lines 6 and	 7	-		8	
9 Tentative deduction. Enter the smaller of			,,oo o ao	٠.	•	• ••••	9	
10 Carryover of disallowed deduction from		)11 Form 45	62			• •	10	
11 Business income limitation. Enter the sn				o) or lu	ne 5	•	11	
12 Section 179 expense deduction. Add lin		•				•	12	· · · · · · · · · · · · · · · · · · ·
13 Carryover of disallowed deduction to 20				▶[	13			
Note: Do not use Part II or Part III below for						-		
Part II Special Depreciation Allowar				de liste	ed proper	ty.)		
14 Special depreciation allowance for quali								
the tax year			-				14	7,810.
15 Property subject to section 168(f)(1) elec	ction	•			•		15	
16 Other depreciation (including ACRS)			•		•	·	16	
Part III MACRS Depreciation (Do not	include listed pr	operty.) (See	e instructions.	)			•	
Cincin in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	<u> </u>		ection A					
17 MACRS deductions for assets placed in	service in tax ve	ars beginnir	ng before 2012	2			17	85.
18 If you are electing to group any assets placed in servi	•	_	-		eck here	▶ □		
Section B - Assets						ral Deprecia	ation Syste	m
(a) Classification of property	(b) Month and year placed in service	(búsiness/ii	or depreciation nvestment use instructions)		Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property	]		909.	5	YRS.	HY	200DB	182.
c 7-year property	]			i				
d 10-year property				<u> </u>				
e 15-year property	]		6,900.	15	YRS.	HY_	150DB	345.
f 20-year property	]							
g 25-year property				2	5 yrs.		S/L	
b. Decidential rootal property	/			27	.5 yrs.	MM	S/L	
h Residential rental property	/			27	.5 yrs.	MM_	S/L	<u> </u>
: Newronidantial roal proporty	/			3	9 yrs.	MM_	S/L	
i Nonresidential real property	/	_		<u> </u>		MM	S/L	
Section C - Assets P	laced in Service	During 201	2 Tax Year U	sing th	e Alterna	ative Depre	ciation Sys	tem
20a Class life	_						S/L_	
b 12-year				1	2 yrs.	<u> </u>	S/L_	<u> </u>
c 40-year				4	0 yrs.	MM	S/L	
Part IV Summary (See instructions.)		<del></del>					· · · · · · ·	
21 Listed property. Enter amount from line		•				٠	21	
22 Total. Add amounts from line 12, lines	•							0 400
Enter here and on the appropriate lines	of your return. Pa	artnerships a	and S corpora	tions -	see instr.	<u>·</u>	22	8,422.
23 For assets shown above and placed in	service during the	e current yea	ar, enter the					
portion of the basis attributable to secti	on 263A costs	··	·		23	<del></del>		
216251 12-28-12 LHA For Paperwork Reduction	Act Notice, see	separate in	structions.					Form <b>4562</b> (2012)

#### TENNESSEE RIGHT TO LIFE EDUCATION

58-1544801 Page 2 FUND, INC. Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (b) (c) (e) (i) (d) Date Business/ Basis for depreciation Elected Recovery Method/ Type of property Depreciation Cost or placed in investment (business/investment section 179 (list vehicles first ) period Convention deduction other basis use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L -% % S/L -% S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) **(f)** Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 No Yes Yes Yes No 34 Was the vehicle available for personal use Yes No No Yes No No Yes during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? ... Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) (b) (d) (f) (c) (e) Date amortization Description of costs Amortizable amount Code section Amortization Amortization for this year 42 Amortization of costs that begins during your 2012 tax year: 43 Amortization of costs that began before your 2012 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44

216252 12-28-12

Form 4562 (2012)