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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

<u> </u>	For the	2012 calendar year, or tax year beginning April 1 , 2012, and end	ing Mai	<u>ch 31</u>	, 20 13
В	Check	applicable C Name of organization PARENTALRIGHTS.ORG		D Employ	er identification number
	Address	change Doing Business As			20-8490398
	Name c	nange Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Telepho	ne number
	Initial re	turn P.O Box 1090			540-751-1200
	Termina	ted City, town or post office, state, and ZIP code			
		d return Purcellville, VA 20134		G Gross re	eceipts \$ 608,616
	Applica	on pending F Name and address of principal officer	H(a) Is this	a group return	for affiliates? 🔲 Yes 🗹 No
		Michael P. Farris, PO Box 1090, Purcellville, VA 20134	H(b) Are a	ll affiliates ir	ncluded? Yes No
<u></u>	Tax-exe	mpt status	If "N	lo," attach a	list (see instructions)
J	Websit	www.parentalrights.org	H(c) Grou	p exemption	number 🕨
		organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of form	nation 2007	M State	of legal domicile VA
Р	art I	Summary		_	
	1	Briefly describe the organization's mission or most significant activities:			
0		Parentalrights.org exists to end the erosion of parental rights in the United States	y stopping th	e ratificat	ion of the UNCRC
Activities & Governance		(United Nations Convention on the Rights of the Child) and passing a constitution	l amendment	securing	parental rights for
Ĕ		future generations.			
ĕ	2	Check this box ▶☐ if the organization discontinued its operations or disposed	d of more than	1 25% of	its net assets.
<u>ن</u> مع	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
es	4	Number of independent voting members of the governing body (Part VI, line 18	o)	4	9
₹	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	8
Ç	6	Total number of volunteers (estimate if necessary)		6	200
_	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0
			Prior Y	ear	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		445,040	608,616
	9	Program service revenue (Part VIII, line 2g)			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 -	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		445,071	608,616
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		286,110	349,688
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
ᇫ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 94,657			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		195,222	225,283
	18	Total expenses. Add lines 13=17 (must equal Part IX, column (A), line 25)		481,322	574,971
_	19	Revenue less expenses. Subtract line (18 from line 112)		(36,261)	33,645
ts or		ပြ	Beginning of Ci	urrent Year	End of Year
sset	20	Total assets (Part X, line 16) NOV 1 8 2013 · O · · · · · ·		118,672	134,155
et A	20 21 22	Total liabilities (Part X. line 26) ⁹⁰ 1		320,996	302,834
		Net assets or fund balances. Subtract line 21-from line 20	<u> </u>	(202,324)	(168,679)
_	art II	Signature Block OGDEN, U			
		Ities of perjury, I declare that I have ex tamined this return, including accompany ing schedules and sta t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa			ny knowledge and belief, it is
	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which preparer	- I las any know	leage	
•				-	
Się		Signature of off Ger		ite	(2
He	re	1 MG		10-30	° ~ / 3
		Type or proft fame and title james BENTLEY, Executive Dire			learn)
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [
	epare	r		self-emp	ployed
	e On		Firm	n's EIN ▶	
		Firm's address ▶	Pho	one no	
		RS discuss this return with the preparer shown above? (see instructions)	· · · ·		Yes No
For	Paper	vork Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2012)

	0 (2012)	Page 2
Part i		_
	Check if Schedule O contains a response to any question in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	To secure a constitutional amendment that defends the rights of parents to direct the upbringing and education of their chil	
	Without secured parental rights, the vital child-parent relationship is exposed to the imminent danger posed by anti-parent within the federal courts, as well as to the risks of international law which seeks to undermine the parental role.	Juages
	within the rederal courts, as well as to the risks of international law which seeks to underfinite the parental role.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	s ☑No
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	s 🗹 No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 259,996 including grants of \$ 0) (Revenue \$	0)
	Education of U.S. citizens to the imminent danger posed by anti-parent judges within the federal courts, as well as to the ris	
	international law which seeks to undermine the parental role in the upbringing and education of their children	
	•	
4b	(Code:) (Expenses \$	<u>o</u>)
	Lobbying of the U.S Congress to sponsor the Parental Rights Amendment.	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	<u></u>	
	<u> </u>	
	<u> </u>	
4d	Other program services (Describe in Schedule O.)	

) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

including grants of \$

424,877

Part	IV Checklist of Required Schedules			rage (
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2		1	 	/
2 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	2	✓	-
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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, for escrow or custodial account liability, 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.	10		•
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		<u>√</u>
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		√
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		- / _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	•
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	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		✓
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		✓
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		√
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		▼
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			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		√
2A =	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		✓_
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

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Part	Checklist of Required Schedules (continued)			г.,
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No ✓
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		1
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		1
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		1
	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 24c		√
d 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 25a		√
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		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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):	, i		
a 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 28b	1	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 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	_29_ 30		√
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, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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? If "Yes," complete Schedule R, Part VI			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	✓	(2012)

Part				
	Check if Schedule O contains a response to any question in this Part V	· · ·		
10	Fator the asympton reported in Rey 2 of Form 1006 Fator 0, if not employable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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
ь	If "Yes," enter the name of the foreign country: ▶	70		Ť
-	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		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	\	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	 	,	
_	gifts were not tax deductible?	6b	✓	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		٠	
a	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			ψn
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	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		,	
	organizations. 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.	_		
a	Did the organization make any taxable distributions under section 4966?	9a	i	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
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			_
11	Section 501(c)(12) organizations. Enter:			
a	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	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	·····	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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			
C	Enter the amount of reserves on hand		<u></u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
L.	It ii) aa ii baa ikkilad a Cama 700 ka maaad khaaa aa maada0 if iikla ii aaa mala aa amala aa a a Cabaada a Ca	44-		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		"No
· art	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI			. 🔽
Secti	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 . 10			ł
	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 . 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Did the organization have members or stockholders?	6	√	
<i>1</i> a	one or more members of the governing body?	7a		/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1a		•
_	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	1	
ь	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	/	
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	7	
b_				له مخالمت ،
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 give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	/	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	√	
b	Other officers or key employees of the organization	15b	✓	
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<u> </u>	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► AZ,AR,FL,GA,KS,KY,MA,MS,NJ,UT,	/A,WI		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.			only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	rest p	olicy
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► ParentalRights.org, One Patrick Henry Circle, Purcellville, VA 20132 Phone: 540-751-1248			

Form	aan	(2012)	

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Fau	ш	

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

Check if Schedule O contains a response to	any question in this Part VII					. 1	
			_		-	 	_

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 ne	or any relate	d org	anız	atio	on c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	rson Irect	e than o is both or/trus	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Michael Farris, President	4	1		 ✓				0	0	0
(2) Scott Sharpen, Chairman	3			✓				0	o	0
(3) Mark West, Director	1	1						0	0	0
(4) Verlainna Callentine, Director	1	1						0	0	0
(5) Bryan Dearing, Director	1	1						0	0	0
(6) Stephen Krason, Director	1	1					_	0	0	0
(7) Grover Norquist, Director	1	1						0	0	0
(8) John Rosemond, Director	1	1					_	0	0	. 0
(9) Rodger Sayre, Director	1	1						0	0	0
(10) J Michael Smith, Director	11	1						o	0	0
(11) Steve Oberlander, Treasurer	6			✓				0	0	0
(12) Jim Mason, Secretary	2			✓				0	0	0
(13)								0	0	<u>_</u>
(14)								0		<u> </u>

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			•	ition			(5)				-	
	(A) Name and title	(B) Average	٠,		eck	more	than o		(D) Reportable	(E) Reportab	ole		(F) nated	
		hours per					or/trust		compensation	compensatio	n from	amo	unt of	
		week (list any hours for	Indi or c	Inst	Officer	ē,	Hig	Form	from the	related organizati	ons		her ensation	
		related organizations	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)		n the nzation	
		below dotted	tor	onal		탕	8 Sq		(00-27 1099-101130)				related	
		line)	uste	trus		8	pen					organ	ızatıons	
			•	tee			Highest compensated employee							
(15)				-	-									
		†	1											
(16)														
			<u> </u>											
(17)		ļ									ļ			
(18)			_	_							-+			
(10)			1											
(19)				-										
Y		·												
(20)												-		
			ļ										_	
(21)		ļ 												
(22)						<u> </u>					\longrightarrow			
122)			1					İ						
(23)														
(24)														
			ļ											
(25)		· · · · · · · · · · · · · · · · · · ·									1			
	-Sub-total		<u> </u>			<u> </u>	_	_	0					_
, D- C	Total from continuation sheets to Part	VII. Sectio	n A					>	<u></u> 0					<u>—u</u>
d								•	0		0			
2	Total number of individuals (including but						above	e) w		<u> </u>	00,00	0 of		
	reportable compensation from the organi													
_										_			Yes	<u> 10</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	est compe	nsate		<u></u>	
4	For any individual listed on line 1a, is the								nd other comm			3		/
7	organization and related organizations													
	individual							., 				4		/
5	Did any person listed on line 1a receive of													
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	edu	ıle J f	or s	uch person	<u></u>	<u> </u>	5	,	7
Section	on B. Independent Contractors													
1	Complete this table for your five highest of													
	compensation from the organization. Repyear.	ort compe	nsatic	on to	or tr	ie c	aiena	ar y	ear ending wit	n or within	tne or	ganizatio	n's tax	
	<u> </u>						-		(P)			(C)		
	(A) Name and business add	ress							(B) Description of s	ervices	Ī	(C) Compens	ation	
	·													_
														_
	Total number of independent contracts	re (includi-	a bu	+ -	o+ 1	·m-+	0d ±0	4h	ana liatad at	aval who				
2	Total number of independent contractor received more than \$100,000 of compens							, m	ose listed add	ovej wno	ì			

Part VIII Statement of Revenue						
		Check if Schedule O contains a response to any ques		/III <u></u>		<u> 🛘</u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats nts	1a	Federated campaigns . 1a				
ls, Grants Amounts	b	Membership dues 1b				
S, Ē	С	Fundraising events . 1c				
Gifts, ilar An	d	Related organizations 1d				
ons, Giff Similar	е	Government grants (contributions) 1e				
ion	f	All other contributions, gifts, grants,				
节		and similar amounts not included above 1f 608,616				
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f \$				
a Co	h	Total. Add lines 1a–1f ▶	608,616			
ue		Business Code				
ven	2a					
æ	b					
vice	С					
Ş	d					
æ	е					
Program Service Revenue	f	All other program service revenue .				
	g	Total. Add lines 2a–2f ▶				· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including dividends, interest,				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	· · · · · · · · · · · · · · · · · · ·			
		<u> </u>	,			
	6a	Gross rents				-
	b	Less: rental expenses	f * ***			<i>1</i>
	C	Rental income or (loss)	*			
	d 7a	Net rental income or (loss)			,	
	' a	assets other than inventory				+ ^
	h	Less. cost or other basis		*		
		and sales expenses .	algorithms for the company of the co	A .		The state of the s
	С	Gain or (loss)		3		
	ď	Net gain or (loss)				
	_	riot gam of (1000)				
ne	8a	Gross income from fundraising				
/en		events (not including \$				٠
Re		of contributions reported on line 1c).				
e		See Part IV, line 18				•
Other Reven	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				
	С	Net income or (loss) from gaming activities •				
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	C	All other management				
	d	All other revenue				
	е 12	Total. Add lines 11a–11d ▶ Total revenue. See instructions ▶	888.844	<u> </u>		
	14	TOTAL LEAGUAGE DEC III SU ACUONIS	608,616	0	0	<u> </u>

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se to any question	in this Part IX		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				<u>,</u>
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	263,281	194,552	25,385	43,34
Ü	section 401(k) and 403(b) employer contributions)	44.500	40.700		2.20
9	0.1	14,533	10,739	1,401	2,393
10	Other employee benefits	53,148 18,726	39,274 13,838	5,124 1,806	8,750 3,082
11	Fees for services (non-employees):	10,720	13,030	1,000	
	Management				
ь	Legal	270	200	26	44
С	Accounting	6,300	4,656	607	1,03
d	Lobbying	-,	.,		
е	Professional fundraising services. See Part IV, line 17		4 i 5 l		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	107,387	79,354	10,354	17,679
-13	Office expenses—.—.—.—.—.—.	——————————————————————————————————————	9,861	1,287	
14	Information technology	1,826	1,349	176	30
15	Royalties	1,020	1,040		
16	Occupancy	8,775	6,484	846	1,44
17	Travel	6,183	4,569	596	1,018
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,042	2,248	293	50°
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	20,014	14,789	1,930	3,29
23	Insurance	887	655	86	140
24	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.)		-		
а	Education & Training	488	361	47	80
b	Website & Database	22,774	16,829	2,196	3,749
С	Postage & Printing	24,332	17,980	2,346	4,000
d	Credit Card Fees	8,178	6,044	788	1,346
е	All other expenses	1,482	1,095	143	244
25	Total functional expenses. Add lines 1 through 24e	574,971	424,877	55,437	94,65
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)				

P	art X	Balance Sheet				
		Check if Schedule O contains a response to any que	stion in this Part >	·		🔲
	_		_	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		28,362	1	62,005
	2	Savings and temporary cash investments	[2	
	3	Pledges and grants receivable, net)-		3	
	4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·	99	4	119
	5	Loans and other receivables from current and former of	ficers, directors,			
		trustees, key employees, and highest compensate Complete Part II of Schedule L	' '		5	
s	6	Loans and other receivables from other disqualified persons (as de 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribusponsoring organizations of section 501(c)(9) voluntary emplorganizations (see instructions). Complete Part II of Schedule L.	ting employers and oyees' beneficiary		6	
Assets	7	Notes and loans receivable, net	L		7	
Aŝ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		148		1,982
	10a	Land, buildings, and equipment: cost or	· · · · · }	170		1,502
		other basis. Complete Part VI of Schedule D 10a	i			
	ь	Less: accumulated depreciation 10b			10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11	i=		12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets	-	90,063	14	70,049
	15	Other assets See Part IV, line 11	-		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		118,672	16	134,155
	17	Accounts payable and accrued expenses		45,996		77,834
	18	Grants payable		,	18	· · · ·
	19	Deferred revenue	[<u> </u>	19	
	20	Tax-exempt bond liabilities	[20	
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D .		21	
S	22	Loans and other payables to current and former off	icers, directors,			•
Liabilities		trustees, key_employees,_highest_compensated_e	$mployees, _and_{-}$			
abi		disqualified persons. Complete Part II of Schedule L .	[22	
ت	23	Secured mortgages and notes payable to unrelated third	parties .		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties [<u> </u>	24	<u></u>
	25	Other liabilities (including federal income tax, payables parties, and other liabilities not included on lines 17-24).				
		of Schedule D		275,000	25	225,000
	26	Total liabilities. Add lines 17 through 25		320,996		302,834
<u></u>		Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34.	here ► 📘 and			
ည		- · ·	-		- -	
<u>e</u>	27	Unrestricted net assets		(202,324)		(168,679)
ä	28	Temporarily restricted net assets			28	 -
Ē	29	Permanently restricted net assets			29	_
Ę		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	nere 🚩 📋 and			
Net Assets or Fund Balances	20		 -	<u> </u>	30	
ě	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment	<u> </u>		31	
Ass	32	Retained earnings, endowment, accumulated income, or	-		32	
et	33	Total net assets or fund balances	-	(202 224)		(168,679)
Z	34	Total liabilities and net assets/fund balances	<u> </u>	(202,324) 118,672		134,155
		Total habilities and het assets/fullu balafices	· · · · ·	115,0/2		134,155

Page	12	

•
Form 990 (2012)

i Omi 3	30 (2012)			Fa	ige IZ
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60)8, <u>616</u>
2	Total expenses (must equal Part IX, column (A), line 25) [2		57	4,971
3	Revenue less expenses. Subtract line 2 from line 1	3		3	33,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [4		(20	2,324)
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		7	<u>14,762</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(7	4,762 <u>)</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		(16	8,679 <u>)</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	· ·	<u></u>		<u>Ц</u>
_				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	1	1		
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	lain in			. 1
•			<u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp		2a		√
	reviewed on a separate basis, consolidated basis, or both.	ilea or			
_	Separate basis Consolidated basis Both consolidated and separate basis		2b	1	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.		20	V	
	separate basis, consolidated basis, or both:	Jona			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht			
·	of the audit, review, or compilation of its financial statements and selection of an independent accour		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, exp				$\overline{}$
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
74	the Single Audit Act and OMB Circular A-133?		За		1
b	_If_ <u>"Yes,"</u> did_the_organization undergo the required audit or audits?_If_the_organization_did_not_under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	-	3ь		
			Forr	n 990	(2012)
					,,

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SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Employer identification number **PARENTALRIGHTS ORG** 20-8490398 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 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) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . 2a 2b **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 ____Number-of states-where property-subject-to conservation-easement-is-located ▶_____ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \blacktriangleright If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Assets included in Form 990, Part X .

Schedu	le D (Form 990) 2012							age 2
	Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther records, chec	ck any of the folic	wing that are a sign	gnificant	use o	of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	grams			
b	☐ Scholarly research							_
С	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	ion's collections	and explain how t	hey further the or	ganızatıon's exem	pt purpo	se in	Par
5	During the year, did the organization	solicit or receive	donations of art.	historical treasure	es, or other similar			
	assets to be sold to raise funds rather	than to be mainta	ained as part of the	e organization's c	ollection?	☐ Ye	s 🗆	No
Par	IV Escrow and Custodial Arra							
	line 9, or reported an amoun							
1a	J , , , , , , , , , , , , , , , , , , ,	custodian or oth	ner intermediary fo	or contributions of	r other assets not		_	
h	included on Form 990, Part X?					☐ Ye	s ∐	No
b	ii res, explain the arrangement in Pa	art XIII and compi	ete the following to	able:	Am	nount		
С	Beginning balance			1				
d								_
е	Distributions during the year					·-		
f	Ending balance				f			
2a	Did the organization include an amoun					☐ Ye	s 🗌	No
b	If "Yes," explain the arrangement in Pa							
Par	Endowment Funds. Comple							
4	Paginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	ears ba	аск
1a b	Beginning of year balance Contributions							
C	Net investment earnings, gains, and							
-	losses							
d	Grants or scholarships				-			
е	Other expenditures for facilities and						•	
	programs							
f	Administrative expenses							
g	End of year balance	 .		<u> </u>	<u> </u>			
2_	_Provide_the estimated_percentage_of_th			ı,-column-(a))-heid	as:			
a b	Board designated or quasi-endowmen Permanent endowment ▶	π ►	%					
C	Temporarily restricted endowment	⁷⁰						
·	The percentages in lines 2a, 2b, and 2		00%					
3a	Are there endowment funds not in the			at are held and ad	dministered for the			
	organization by:	•	J			_	res l	No
	(i) unrelated organizations					3a(i)		_
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(ii), are the related organiz					3b		
4	Describe in Part XIII the intended uses	of the organization	on's endowment fu	unds.				

Part	VI Land, Buildings, and Equipmen	nt. See Form 990, P	art X, line 10.	_	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
е	Other				
otal.	Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part	X column (B) line 1	0(c))	-

Part VII	Investments - Other Securities	See Form 990, Part X, I	ine 12.	
(6	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other				<u> </u>
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		_		
(H)				
<u>(I)</u>				
	(b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments - Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				<u> </u>
(3)				
(4)				
(5)				
_(6)				
_(7)				
(8)				
(9)				
(10)	A) must squal Form 000. Port V and P) line 12 \	<u> </u>		
	(b) must equal Form 990, Part X, col (B) line 13)	mt V Juno 1E		
Part IX	Other Assets. See Form 990, Pa	ITLA, IITE 15.		(b) Book value
(4)	(6) Description		(b) Book value
(1)				
<u>(2) — —</u>				
(3)				_
(5)				
(6)	•		-	
(7)				<u> </u>
(8)	-			
(9)		<u> </u>		
(10)			· · · · · · · · · · · · · · · · · · ·	
Total. (Colu	ımn (b) must equal Form 990, Part X, co			
Part X	Other Liabilities. See Form 990,		<u></u>	
1.	(a) Description of liability	(b) Book value		
	income taxes	<u> </u>		-
	Payable (Related Parties)	225,000		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) T-tal (Calumn	A) much a much Form AAA Dad V and Million AF Land			
	(b) must equal Form 990, Part X, col (B) line 25.)	225,000		h wannanda dha anna
	SC 740) Footnote. In Part XIII, provide the			
nability for u	ncertain tax positions under FIN 48 (ASC 7	40). Oneck here ii the text of	the roothote has been provided in F	
				Schedule D (Form 990) 2012

Part	D (Form 990) 2012 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	2eturn	Page 4
1 1	Total revenue, gains, and other support per audited financial statements	1	683,378
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		003,370
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	74,762
3	Subtract line 2e from line 1	3	608,610
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		000,011
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	608,616
Part		r Return	
1	Total expenses and losses per audited financial statements	1	649,733
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		,
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	74,762
3	Subtract line 2e from line 1	3	574,97°
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 XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	574,971
Part			
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa		
	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any	/ additional
ınform			
Part X	and XII: Includes costs that are netted on Form 990 and reported gross on the audited financial statements.		
-			

Schedule D (Fo	rm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
		.
		

SCHEDULE L (Form 990 or 990-EZ)

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 20**12**

Department of the Treasury Internal Revenue Service Name of the organization

(10)

Employer identification number

PARE	NTALRIGHTS.ORG									20-	B4903	98		
Part	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	l(c)(3) a s" on l	and sect Form 99	ion 501(c)(4 0, Part IV, I	4) org ine 25	anızatıons only a or 25b, or Fo). orm 99	0-EZ,	Part '	V, line	40b.	
1	(a) Name of discussified		(b) Relationship be	etween o	disqualified	person and		(c) Description	on of tra				(d) Con	ected?
	(a) Name of disqualified	person		organiza	ation			(c) Description	ואו טו נואו	ISACIO			Yes	No
(1)														
(2)														
(3)		Ī												
(4)														
(5)	<u> </u>							<u> </u>						
(6)	•		-					-						
2	Enter the amount under section 4958		by the organ		_	_			uring t	he ye	ar ▶ \$.		•
3	Enter the amount o	of tax, if any, on	line 2, above,	reımb	ursed by	the organ	ızatıoı	ı		!	▶ \$	<u> </u>		
Part	Complete if th	l/or From Interne organization eported an amo	answered "Ye	s" on l	Form 999 art X, line	0-EZ, Part 1 e 5, 6, or 2	V, line 2.	38a or Form 9	90, Pa	ırt IV,	line 2	6; or	f the	
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Ongir principal an		(f) Balance due	(g) In (default?	by bo	proved pard or nittee?	(i) W agree	ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)		<u> </u>								<u> </u>				
(3)		<u> </u>												
(4)					1					<u> </u>				
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(9)				ļ	<u> </u>							1		
(10)				<u> </u>						<u> </u>				
Total							.▶	\$			金		i.	<u> </u>
Part		sistance Bene ne organization				0, Part IV, I	ine 27	7.					_	
(a)	Name of interested persor		ship between inter and the organization		(c) Amount	of assistance	(d) Type of assistan	ce	(e) Purpo	se of a	ssistan	ce
(1)														
(2)														
(3)														
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(5) (6) (7)														
(6)														
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(8)														
(9)														

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi reve	ızatıc
					Yes	Т
Michae	I P. Farris	President	\$32.332	Merchandise Sales	1.55	۱,
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t V	Supplemental Information			<u> </u>	l_	L
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Open to Public Inspection

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

PARENTALRIGHTS.ORG	20-8490398
Part IV, Line 6: ParentalRights.org offers various levels of giving to encourage donations and bolster I	obbying efforts.
Part VI, Line 11A: Form 990 is prepared by internal accounting staff, reviewed by an independent acco	unting firm, and then submitted
to the Board for review. Upon confirmation from the Board, Form 990 is signed by the President and m	nailed
Part VI, Line 12c: Annually, the organization's conflict of interest policy is reviewed and updated to ref	lect changes during the course of the
year. All Board members, officers and key staff are required to acknowledge that they have read and a	re in compliance with the policy.
Any conflict of interest will be disclosed to the Board members and members of committees with boar	d delegated powers considering the
proposed transaction or arrangement. Should a Board member have a conflict, they are to physically e	excuse themselves from any
discussions and decisions regarding the issue.	
Part VI, Line 15b: Compensation is determined using objective data sources that provide salary inform	nation for job descriptions and
companies comparable to ours.	
Part VI, Line 19: All governing documents, conflict of interest policy, and financial statements are avai	lable upon request to the public.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
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