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Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoning 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 The vear or tax year beginning. MAY 1 2012

OMB No 1545-1150

Open to Public Inspection

_					2013	
R .	Check if applicat	ble C Marie of organization	D Emp	oloyer i	identification number	
	Addr	ess change NATIONAL RIGHT TO LIFE EDUCATIONAL				
Σ	Nam	e change FOUNDATION, INC.	73-1010913			
	- 1	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Tele	ephone	number	
		inated 512 10TH STREET, NW	(202)626-8800	
	Ame≀	City or town, state or country, and ZIP + 4	F Gro	up Exe	mption	
	Applic	ation pending WASHINGTON, DC 20004	Nur	nber 🕨	•	
G	Accour	nting Method	H Che	ck 🕨	X if the organization is not	
1	Websi	le: ►N/A			attach Schedule B	
J ·	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527), 990-EZ, or 990-PF)	
		If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gi				
	\$50,00	O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction				
		n, be sure to file a complete return	•		•	
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II.			
		, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	▶ \$	675.	
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	for Par		
		Check if the organization used Schedule O to respond to any question in this Part I			X	
	1	Contributions, gifts, grants, and similar amounts received	,	1	675.	
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3		
	4	Investment income		4		
	5a	Gross amount from sale of assets other than inventory 5a				
	b	Less cost or other basis and sales expenses 5b				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6	Gaming and fundraising events			<u>-</u> .	
ø	a	Gross income from gaming (attach Schedule G if greater than				
ŭ		\$15,000) 6a				
Revenue	b	Gross income from fundraising events (not including \$ of contributions				
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000) 6b				
	C	Less direct expenses from gaming and fundraising events 6c				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		
	7a	Gross sales of inventory, less returns and allowances 7a				
	b	Less cost of goods sold 7b				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	Other revenue (describe in Schedule 0)		8		
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	675.	
	10	Grants and similar amounts paid (list in Schedule 0) RECEIVED		10		
	11	Benefits paid to or for members		11		
es	12	Colored other composition and south as bounds		12		
ŠUŠ	13	Professional fees and other payments to independent contractors		13		
Expenses	14	Occupancy, rent, utilities, and maintenance		14		
Ш	15	Printing, publications, postage, and shipping OGDEN, UT		15	1,418.	
	16	Other expenses (describe in Schedule 0)		16	163.	
	17	Total expenses. Add lines 10 through 16	▶	17	1,581.	
v	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	- 1	18	<906.>	
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
As		(must agree with end-of-year figure reported on prior year's return)		19	3,258.	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.	
_	21	Net assets or fund balances at end of year Combine lines 18 through 20	•	21	2,352.	
LH	4 For	Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2012)	

232171 01-11-13

Form **990-EZ** Department of the Treasury

Internal Revenue Service

2 5 2013

D	art II Balance Sheets (see the instructions for Part II)					
172	Check if the organization used Schedule O to res	nand to any guasti	ion in this Dart II			X
<u> </u>	Check if the organization used Schedule O to res			т —	(D) F-	
		<u> </u>	(A) Beginning of year	 	(R) FL	nd of year
22	Cash, savings, and investments		1,363	 		457.
23	Land and buildings			23		
24	Other assets (describe in Schedule O) SEE SCHEDULE O	•	4,166			4,166.
25	Total assets		5,529	25		4,623.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		2,271	26		2,271.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		3,258	- 27		2,352.
P	art III Statement of Program Service Accomplishmen	nts (see the instruc	tions for Part III)		Exi	penses
تستسا	Check if the organization used Schedule O to res			X (Red		or section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE O		Total and the time	5010		and 501(c)(4)
						ns and section trusts, optional
	ribe the organization's program service accomplishments for each of its three largest program ner, describe the services provided, the number of persons benefited, and other relevant inform		ses In a clear and concise		others)	
			TONDIE OD	 -		
28	THE FOUNDATION SEEKS TO PROVIDE SUP		RITABLE OR			
	EDUCATIONAL PROGRAMS WHICH ADVOCATE	PRO-LIFE CA	USES.			
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	28a		1,418.
29						
				_		
	(Grants \$) If this amount includes foreign g	rants, check here	•	29a		
30	, and an	,				
•	1.7.4					
				-		
	(County the County of the Coun			30a		
0.4	(Grants \$) If this amount includes foreign g	rants, check here		304		
31	Other program services (describe in Schedule O)		_	<u></u>		
	(Grants \$) If this amount includes foreign of	rants, check here	<u> </u>	31a		1 410
32	Total program service expenses (add lines 28a through 31a)			▶ 32		1,418.
		' I				
P	List of Officers, Directors, Trustees, and Key E			ee the instruc	ctions fo	r Part IV)
P	Check if the organization used Schedule O to res		on in this Part IV		ı	r Part IV)
P		pond to any quest	on in this Part IV	(d) Health be	enefits,	(e) Estimated
Pi		(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contribution employee be	enefits, ns to enefit	(e) Estimated amount of other
P:	Check if the organization used Schedule O to res	pond to any quest	(c) Reportable compensation (Forms	(d) Health be	enefits, ns to enefit eferred	(e) Estimated
	Check if the organization used Schedule O to res	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred	(e) Estimated amount of other
HC	Check if the organization used Schedule O to res	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred	(e) Estimated amount of other
HC	Check if the organization used Schedule O to res (a) Name and title ON. GELINE B. WILLIAMS IAIRMAN OF THE BOARD	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred tion	(e) Estimated amount of other compensation
HC CH HC	Check if the organization used Schedule O to res (a) Name and title ON. GELINE B. WILLIAMS IAIRMAN OF THE BOARD ON. LINDA BELL	(b) Average hours per week devoted to position 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred tion	(e) Estimated amount of other compensation
HC CH HC VI	Check if the organization used Schedule O to res (a) Name and title ON. GELINE B. WILLIAMS IAIRMAN OF THE BOARD ON. LINDA BELL CE CHAIRMAN OF THE BOARD	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred tion	(e) Estimated amount of other compensation
HC CH HC VI	Check if the organization used Schedule O to res (a) Name and title ON. GELINE B. WILLIAMS HAIRMAN OF THE BOARD ON. LINDA BELL CCE CHAIRMAN OF THE BOARD AROL TOBIAS	(b) Average hours per week devoted to position 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred tion	(e) Estimated amount of other compensation 0.
HC CH VI CF PF	Check if the organization used Schedule O to res (a) Name and title ON. GELINE B. WILLIAMS HAIRMAN OF THE BOARD ON. LINDA BELL CCE CHAIRMAN OF THE BOARD AROL TOBIAS RESIDENT	(b) Average hours per week devoted to position 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred tion	(e) Estimated amount of other compensation
HC CH HC VI CA PR	Check if the organization used Schedule O to res (a) Name and title ON. GELINE B. WILLIAMS IAIRMAN OF THE BOARD ON. LINDA BELL CCE CHAIRMAN OF THE BOARD AROL TOBIAS RESIDENT ITHONY LAUINGER	(b) Average hours per week devoted to position 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health be contribution employee be plans, and de	enefits, as to enefit eferred tron	(e) Estimated amount of other compensation 0.
HC CH HC VI CA PF AN VI	Check if the organization used Schedule O to res (a) Name and title ON. GELINE B. WILLIAMS IAIRMAN OF THE BOARD ON. LINDA BELL CCE CHAIRMAN OF THE BOARD AROL TOBIAS RESIDENT ITHONY LAUINGER CCE PRESIDENT	(b) Average hours per week devoted to position 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred tion	(e) Estimated amount of other compensation 0.
HC CH VI CA PF AN VI RE	Check if the organization used Schedule O to res (a) Name and title ON. GELINE B. WILLIAMS IAIRMAN OF THE BOARD ON. LINDA BELL CCE CHAIRMAN OF THE BOARD AROL TOBIAS RESIDENT ITHONY LAUINGER CCE PRESIDENT EV. DENNIS C. DAY	(b) Average hours per week devoted to position 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health be contribution employee be plans, and de	enefits, as to enefit eferred than 0.	(e) Estimated amount of other compensation 0. 0.
HC CH CH VI PF AN VI RE	Check if the organization used Schedule O to res (a) Name and title ON. GELINE B. WILLIAMS (AIRMAN OF THE BOARD ON. LINDA BELL (CE CHAIRMAN OF THE BOARD AROL TOBIAS RESIDENT OTHONY LAUINGER (CE PRESIDENT OV. DENNIS C. DAY REASURER	(b) Average hours per week devoted to position 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health be contribution employee be plans, and de	enefits, as to enefit eferred tron	(e) Estimated amount of other compensation 0.
HC CH VI CF AN VI RE TF	Check if the organization used Schedule O to res (a) Name and title ON. GELINE B. WILLIAMS MAIRMAN OF THE BOARD ON. LINDA BELL CCE CHAIRMAN OF THE BOARD AROL TOBIAS RESIDENT WITHONY LAUINGER CCE PRESIDENT EV. DENNIS C. DAY REASURER OLLY GATLING	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health be contribution employee be plans, and de	enefits, as to enefit efferred tion O. O.	(e) Estimated amount of other compensation 0. 0. 0.
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44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of
	Form 990-EZ
h	Did the organization operate one or more hospital facilities during the year? If "Ves." Form 990 must be completed instead

of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

44b X 44c X 44d 45a X

44a

Yes No

Х

Form 990-EZ (2012)

NATIONAL RIGHT TO LIFE EDUCATIONAL Form'990-EZ (2012) FOUNDATION, INC. 73-1010913 Page 4 Yes No 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Yes No Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete 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 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b if "Yes," was the related organization a section 527 organization? 48b 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," (d) Health benefits contributions to employee benefit plans, and deferred compensation (a) Name and title of each employee (b) Average hours (C) Reportable (e) Estimated paid more than \$100,000 mpensation (Form W-2/1099-MISC) per week devoted to amount of other position compensation NONE 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 companying schedules and statements, and to the best of my knowledge and balls Under penalties of Declaration of prep s any knowledge Sign Here FINANCIAL OFFICER

Preparer's signature

Firm's address ▶ 7501 WISCONSIN AVENUE, SUITE 1200 WEST Phone no.

Date

10/31/13

Check if

P01289490

(202)331-9880

➤ X Yes [

Form 980-EZ (2012)

Firm's EIN ► 47-0900880

self- employed

Paid

Preparer

Use Only

Print/Type preparer's name

CRAIG A STEVENS CPA

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

Firm's name > CALIBRE CPA GROUP PLLC

BETHESDA, MD 20814

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.

2012

Open to Public Inspection

Employer identification number Name of the organization NATIONAL RIGHT TO LIFE EDUCATIONAL 73-1010913 FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col in col (i) listed in your organization in col organization (described on lines 1-9 (I) organized in the US? support above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes Yes

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 FOUNDATION, INC.

73-1010913 Page 2

Part II	Support Sched	lule for Organization	s 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				-	1-3-2	
	membership fees received. (Do not						
	include any "unusual grants.")	30,217.	26,272.	26,515.	375.	675.	84,054.
2	Tax revenues levied for the organ-						
	ızatıon'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						
4	Total. Add lines 1 through 3	30,217.	26,272.	26,515.	375.	675.	84,054.
5	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,						
	column (f)						
6	Public support. Subtract line 5 from line 4						84,054.
	ction B. Total Support	l	<u> </u>		<u> </u>	<u> </u>	04/034.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	30,217.	26,272.	(c) 2010 26,515.	375.	675.	84,054.
8	Gross income from interest,		20,2,20	20/313.	373•	073.	01/034.
٠	dividends, payments received on						
	securities loans, rents, royalties						
	· · · · · · ·						
^	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.)	<u></u>					04 054
	Total support. Add lines 7 through 10				<u> </u>		84,054.
	Gross receipts from related activities,	*	•			12	·
13	First five years. If the Form 990 is for		s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
80	organization, check this box and storection C. Computation of Publ	io Support Do	roontogo	 -		 .	
			_ 			<u> </u>	100 00
	Public support percentage for 2012 (, ,,,	•	olumn (f))			100.00 %
	Public support percentage from 2011	•	•				100.00 %
16a	33 1/3% support test - 2012. If the			i line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•				$\triangleright X$
t	33 1/3% support test - 2011. If the d	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	• •					
17a	10% -facts-and-circumstances tes	•					
	and if the organization meets the "fac			•	•	t IV how the organ	ızatıon
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	d organization		▶
t	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anızatıon	▶ 🛄
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	<u>, 16b, 17a, or 17b</u>	o, check this box a	nd see instructions	<u>▶ </u>
					Sche	dule A (Form 990	or 000-E7\ 2012

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 fails to
qualify under the tests listed below, please complete Part II.)	

Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any Yunusual grants. 7) Gifts, grants, contributions, and membership fees received. (Do not include any Yunusual grants. 7) Gross receipts from admissions, merchandise sold or services performed or facilities from admissions, merchandise sold or services performed or facilities from admissions or grantzation is tax-exempt purpose of grantzation's tax-exempt purpose or expended on its behalf and either paid to or expended on its behalf are not an unrelated trade or brushness under section 513 4 Tax revenues levited for the organization's benefit and either paid to or expended on its behalf is furnished by a governmental unt to the organization without charge furnished by a governmental unt to the organization without charge of Total. Add lines 1 through 5 7 Ta Amounts included on lines 1, 2, and 3 received from disqualified persons of the paid to the second of the second of the paid to the second of the second	Sed	ction A. Public Support	siow, picase comp	Siete i ait ii.j				
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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

NATIONAL RIGHT TO LIFE EDUCATIONAL FOUNDATION, INC.

Employer identification number 73–1010913

TOURDATION TINE:			, , ,	10107	<u> </u>	
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCA	TIONS:					
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:						
DESCRIPTION OF OTHER EXPENSES:				AM	נאטכ	·
MISCELLANEOUS						163.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:						
DESCRIPTION	BEG.	OF	YEAR	END	OF	YEAR
ACCOUNTS RECEIVABLE		4,	166.		4,	166.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	S:					
DESCRIPTION	BEG.	OF	YEAR	END	OF	YEAR
DUE TO NATIONAL RIGHT TO LIFE COMMITTEE	· • • •	2,	271.	., .	2,	271.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -				-)
PROVIDE SUPPORT TO CHARITABLE OR EDUCATIONAL PR	OGRAMS	WH.	ICH AD	VOCAT1	€	
PRO-LIFE CAUSES.						
FORM 990-EZ, PART V, INFORMATION REGARDING PERS	ONAL B	ENEI	FIT CO	NTRAC'	rs:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECE	IVE AN	Y FU	JNDS,	DIREC	rly,	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BE	NEFIT	CONT	TRACT.			
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY	ANY P	REMI	TUMS,	DIREC	rly,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.					_	
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