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EXTENDED TO MARCH 15, 2017

100 Porm 990

SCANNED WAR I'M 2017

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

<u>A I</u>	For the	2015 calendar year, or tax year beginning MAY 1, 2015 and ending	APR 30,	2016					
В	Check if	C Name of organization	D Employ	er identific	ation number				
ć	applicable	NATIONAL RIGHT TO LIFE EDUCATIONAL							
	Addres change	FOUNDATION, INC.							
	Name change	Doing business as		73-10	010913				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telepho	one number	•				
	Final return/	512 10TH STREET, NW		(202)626-8800				
	termin- ated		G Gross rec		270,751.				
	Ameno		s a group re						
	Application			ibordinates'					
	pendin	SAME AS C ABOVE	H(b) Are all :	subordinates in	cluded? Yes No				
ī.	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or			list (see instructions)				
		e: ► N/A	 -		n number 🕨				
					State of legal domicile: DC				
	art I	Summary							
_		Briefly describe the organization's mission or most significant activities. THE FOUR	TON S	EEKS	TO PROVIDE				
Governance		SUPPORT TO CHARITABLE OR EDUCATIONAL PROGRAM							
nar	1 '	Check this box if the organization discontinued its operations or disposed of							
Ver	1	Number of voting members of the governing body (Part VI, line 1a)	111010 111011 2070	3	6				
တိ	J	Number of independent voting members of the governing body (Part VI, line 1b)		4	5				
න් ග		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5					
Activities &		Total number of volunteers (estimate if necessary)		6	0				
Ę		• • • • • • • • • • • • • • • • • • • •		7a	0.				
¥		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		7 <u>a</u> 7b	0.				
	<u>D</u>	Net differated business taxable income nom Form 950-1, line 34	Prior Y		Current Year				
		Contributions and grants (Part VIIII June 16)		7,160.	270,171.				
ne ne	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) RECEIVED	0.						
Revenue	1	()	0.	0.					
æ		Investment income (Part VIII, column (A), lines 3, 4 and 7d)	370.	<u>0.</u> 580.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c rang 1½e) 2017 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	245	$\frac{370.}{7,530.}$	270,751.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0,000.	147,500.					
		Benefits paid to or for members (Part IX, column (A), line (1) CORN LUI	A.C	0.	0.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	40	000.	0.				
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	}	0.	0.				
꼾	b	Total fundraising expenses (Part IX, column (D), line 25) 13,936.	151	144	00 531				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,144.	82,531.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,144.	230,031.				
	19	Revenue less expenses Subtract line 18 from line 12		3,614.					
Net Assets or Find Balances			Beginning of Cu		End of Year				
Ssel	20	Total assets (Part X, line 16)		7,402.	71,904.				
et A	21	Total liabilities (Part X, line 26)		5,262.	44.				
	22	Net assets or fund balances. Subtract line 21 from line 20		L,140.	71,860.				
		Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is				
true	, correc	t, and completed Declaration of preparer (other than officer) is based on all information of which pre	parer has any kno	wledge.	/,				
		Mysel Malloclas		2/14	/ /7				
Sig	ın	Signature of officer		ite / ' /	• •				
He	re	AMARIE NATIVIDAD, CHIEF FINANCIAL OFFICE	<u> </u>						
_		Type or print name and title	75						
Print/Type preparer's name Preparer's signature Date Date PTIN									
Paid SUBRINA WOOD, CPA Sultrus h. Wrod 3/13/17 sell-employed POC									
Preparer Firm's name CALIBRE CPA GROUP PLLC Firm's EIN 4									
Use Only Firm's address > 7501 WISCONSIN AVENUE, SUITE 1200 WEST									
		BETHESDA, MD 20814	Pl	оле по. 20	2-331-9880				
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)		 	X Yes No				

Form	990 (2015) FOUNDATION, INC.	73-1010913	Page 2
	rt III Statement of Program Service Accomplishments		
<u>` </u>	Check if Schedule O contains a response or note to any line in this Part III		\mathbf{x}
1	Bnefly describe the organization's mission THE FOUNDATION SEEKS TO PROVIDE SUPPORT TO CHARITABLE OF PROGRAMS WHICH ADVOCATE PRO-LIFE CAUSES.	R EDUCATIONA	L
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	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?	Yes	Y No
3	If "Yes," describe these changes on Schedule O	res	LAL NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$)
	STATE EDUCATIONAL DEVELOPMENT ASSISTS NATIONAL RIGHT TO		
	THOUSANDS OF LOCAL AND STATE AFFILIATES SO THEY CAN MAX: EDUCATIONAL IMPACT ON LOCAL COMMUNITIES BY:	IMIZE THEIR	
	PROVIDING MATERIALS, SPECIFICALLY FOR ALL CHAPTER FUNCT	IONS	
	HELPING CHAPTERS AND AFFILIATES WITH FUNDRAISING		
	DROUTDING DIDDOM WATE I DOMEDO BOD ALL COMME ABELLIAMES	TO CENT ON A	
	PROVIDING DIRECT MAIL LETTERS FOR ALL STATE AFFILIATES 'REGULAR BASIS	TO SEND ON A	
	ASSISTING GROUPS WITH WRITING JOB DESCRIPTIONS FOR A NEW	WLY CREATED	
4b	(Code) (Expenses \$5,812. including grants of \$) (Reveni)
	ASSOCIATION FOR INTERDISCIPLINARY RESEARCH PROGRAMS ENCOUNTY AND PUBLICATION OF THE RESULTS OF THE WORK ON ABORTION		
	THERAPISTS, PROFESSORS, PSYCHOLOGISTS, PSYCHIATRISTS, R		AND
	LAWYERS.		_
	AN ANNUAL PRESENTATION OF RESEARCH PAPERS IS HELD IMMED	TATELY PRECE	DING
	THE NATIONAL RIGHT TO LIFE CONVENTION.	IIII DDI INDED	21110
	MYD VICULA DEGARDED DEGRADON DIVIDENTAL AND EDITOR	DD DV MVOVAG	T.7
	THE HIGHLY REGARDED RESEARCH BULLETIN, WRITTEN AND EDIT: STRAHAN, J.D., FROM 1987 UNTIL HIS DEATH IN 2003 CONTIN		
	SOME OF THE RESEARCH PAPERS PRESENTED AT THE ANNUAL MEET		
	ARTICLES BASED UPON REVIEW OF THE EXISTING LITERATURE OF	N ABORTION	
4c	(Code) (Expenses \$16,497. including grants of \$) (Reven MEDIA IMPACT CAMPAIGN	ue \$)
	MEDIA IMIACI CAMIAIGN		
			
	<u> </u>		
4d	Other program services (Describe in Schedule O)		
- -u	(Expenses \$ 9,731. including grants of \$) (Revenue \$		
4e	Total program service expenses ▶ 202,509.		
53200 12-16			90 (2015

09300213 712177 70092

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2015) FOUNDATION,

Part IV Checklist of Required Schedules

•			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4		X
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		X
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		X
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_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	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		X
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		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			ļ
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	_	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			i
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f			v	Ì
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Α.	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
	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		l	Ì
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17	<u> </u>	X
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	18	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ļ	
	complete Schedule G, Part III	19	<u> </u>	X
		Form	990	(2015)

Form 990 (2015) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

•			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		,	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
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		X
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 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		i	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	_26_		X
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		X
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)	20-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		_^_
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
•	If "Yes," complete Schedule N, Part I	31		_x_
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		Х
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		Х
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	_ X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		ł
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1] _	Į
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		C	$\alpha\alpha\alpha$	(2015)

Form 990 (2015) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 0			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			ı
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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			ı
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			i
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Ì	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c_		<u>X</u>
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	·	7h_		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		\vdash
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	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	ĺ		İ
11	Section 501(c)(12) organizations. Enter	j		
а	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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
		Form	990	(2015)

FOUNDATION, INC. Form 990 (2015)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI	_		X		
Sec	tion 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 6		-			
	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 0.					
b	Enter the number of voting members included in line 1a, above, who are independent					
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		_X_		
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		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		_X_		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			_		
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
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		<u> </u>		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10a		_X_		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 filing the form?	11a		_X_		
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X			
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	_X_			
13	Did the organization have a written whistleblower policy?	13		X		
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>		
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?					
a	The organization's CEO, Executive Director, or top management official	15a		X		
þ	Other officers or key employees of the organization	15b		_X_		
16	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	امرا		v		
	taxable entity during the year? If "Yes " did the organization follows a written policy or procedure requiring the organization to evaluate the portropolicy."	16a	-	<u> X</u>		
D	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	401				
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b				
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►CO, FL, GA, MD, MA, NJ, NY, NC, PA	рT	TNT	772		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			, <u>v A</u>		
	for public inspection. Indicate how you made these available. Check all that apply.	· vallat	16			
	Own website Another's website X 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 interest policy, and	l finan	rial			
	statements available to the public during the tax year	1111111111	JIGI			
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
20	AMARIE NATIVIDAD, CFO - (202) 626-8800					
	512 10TH STREET, NW, WASHINGTON, DC 20004	·				
53200	3 12-16-15 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2015)		

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

Check if Schedule O contains a response or note to any line in this Part VII

ction A. (Officers, Directors,	Trustees, Kev Em	nployees, and Highest Comp	ensated 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

(A)	nor any related organization compensation (B) (C)							(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)				s both	han	compensation	compensation	amount of	
	week (list any	⊢			<u> </u>			from the	from related organizations	other compensation	
	hours for	direct				<u>.</u>		organization	(W-2/1099-MISC)	from the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	-/	organization	
	organizations	tras	nal tru		oyee	d mos				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
	line)	르	€	₩	.e	E E	F				
1) HON. GELINE B. WILLIAMS	0.50				ļ					0	
HAIRMAN OF THE BOARD	0.50	Х		X				0.	0.	0	
2) HON, LINDA BELL	0.50										
VICE CHAIRMAN OF THE BOARD	0.50	X		X	-			0.	0.	0	
3) CAROL TOBIAS	0.50	٦,		3.7				0.	20 150	_	
PRESIDENT	0.50	Х		X	-	-		0.	30,150.	0	
4) ANTHONY LAUINGER	0.50	x		х				0.	0.	0	
VICE PRESIDENT	0.50	^		Λ		-			<u></u>		
5) REV. DENNIS C. DAY	0.50	Х		х				0.	0.	0	
REASURER 6) HOLLY GATLING	0.50	Λ	-	^							
SECRETARY	0.50	Х		х				0.	0.	0	
ECRETARY		-		-	<u> </u>	T		<u> </u>			
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Form 990 (2015)

	990 (2015) FOUNDATI									73-1	010	<u>913</u>	P.	age 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	, an	d Hi	ghe:	st C	Compensated Employe	es (continued)				
•	(A) (B) Name and title Average hours per week (list any			POSITION (do not check more than one box, unless person is both ar officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om th anizat d relat anizati	e ion ed
													•	
										<u> </u>				
				_									. .	
														· <u> </u>
	Sub-total	l Cartier A			<u> </u>	l		>	0.	30,1	50.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n		ose	liste	ed al	bove	e) wh	no re	0.	30 , 1 ,000 of reportab	50.			0.
	compensation from the organization											 -	V	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl								the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ed organization or indivi	dual for services	; [5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mnensated inc	lene	nde	nt c	ontr	racto	re t	that received more than	\$100,000 of con		ation f	rom	
·	the organization. Report compensation for											1110111	10111	
	(A) Name and business	address	NC	INC	<u> </u>				(B) Description of s	ervices	Co	ompe	nsatio	n
													<u></u>	
2	Total number of independent contractors (i \$100,000 of compensation from the organization	ot lir	nıte	d to		se lis O	sted	d above) who received m	ore than	1				
							•				!	Form	990 (2015)

9

532008 12-16-15

	1 01111 33 <u>0 120</u>				OZIOZIZ Z OZI
I	Part VIII	Statement of)f	R	evenue

<u> </u>		Check if Schedule O conta	ains a response	or note to any line		(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इध	1 a	Federated campaigns	1a					0,2 0,1
E Z	b		1b					1
ع ق	c	Frankrika a sanaka	1c					
iffs ar A	d		1d					
E E	e		 					
Sign	f	All other contributions, gifts, grant	·					
le et	•	similar amounts not included abov	1 1	270,171.				
<u> </u>	g		<u> </u>	2,0,2,20				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	<u> </u>	•	270,171.			
				Business Code				
g,	2 a							
ξ	b							
Se	С							
e an	d							
Program Service Revenue	е							
ል	f	All other program service revei	nue					
	g	Total. Add lines 2a-2f		•				
	3	Investment income (including	dıvıdends, ıntei	rest, and				
		other similar amounts)		>				
	4	Income from investment of tax	exempt bond	proceeds 🕨				
	5	Royalties		<u> </u>				
l			(ı) Real	(ıı) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses		-				1
		Gain or (loss)						
		Net gain or (loss)						_
une	ва	Gross income from fundraising	•					
Ne l		including \$ contributions reported on line	of					
&		Part IV, line 18	•					
Other Reve		Less direct expenses						
ŏ		: Net income or (loss) from fund		'				
		Gross income from gaming ac						-
	3 0	Part IV, line 19		a				
	h	Less direct expenses						
		: Net income or (loss) from gam		` 				
		Gross sales of inventory, less						
		and allowances		a				
	b	Less cost of goods sold	•					
		: Net income or (loss) from sale:	s of inventory					
		Miscellaneous Revenu		Business Code				1
	11 a	MISCELLANEOUS R		900099	580.	580.		
	b	•						
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	580.			
	12	Total revenue See instructions.			270,751.	580.	<u> </u>	<u>.l 0.</u>

Form 990 (2015) Form 990 (2015) FOUNDATION, INC.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon				
	oot include amounts reported on lines 6b, 8b, 9b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	147,500.	147,500.		
2	Grants and other assistance to domestic	i			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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	Other salaries and wages				
8	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
¢	Accounting	3,000.		3,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	4.4 550			
13	Office expenses	14,558.	3,887.	5,387.	5,284. 292.
14	Information technology	292.			292.
15	Royalties	C 000			· · · · · · · · · · · · · · · · · · ·
16	Occupancy	6,000.	6,000.	2 722	
17	Travel	41,123.	38,400.	2,723.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		-		
19	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
24	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 0.) POLLING	8,360.			8,360.
	MISCELLANEOUS	7,374.	1 000	2,476.	
b	DUES AND SUBSCRIPTIONS	1,824.	4,898. 1,824.	4,4/0.	0.
C	DODO WIND BODOCKITATIONS	1,024.	1,024.		
d	All other expanses				
	All other expenses Total functional expenses. Add lines 1 through 24e	230,031.	202,509.	13,586.	13,936.
25 26	Joint costs. Complete this line only if the organization	430,031.	404,509.	13,300.	13,330.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

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Form 990 (2015)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 25,591 <4,910.> 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 76,814. 11,811. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a Less, accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 37,402 71,904 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 6,262 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 6,262. 44. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 31,140. 71,860. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 31,140 71,860. 33 Total net assets or fund balances 71,904. 37,402 Total liabilities and net assets/fund balances

Form 990 (2015)

Form	990 (2015) FOUNDATION, INC	<u> </u>	913	Pag	qe 12
Pa	rt XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27	0,7	<u>51.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	23	0,0	31.
3	Revenue less expenses Subtract line 2 from line 1	3	4	0,7	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3:	1,1	40.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	_10	7:	1,8	<u>60.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990.				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		_3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		l

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

NATIONAL RIGHT TO LIFE EDUCATIONAL

2015

Open to Public Inspection

Employer identification number

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 (Form 990 or 990-EZ)) 3 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). 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) 8 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (III) Type of organization (ı) Name of supported (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN listed in your organization (described on lines 1.9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 375. 74,897. 247,160. 270,171. 593,278. include any "unusual grants") 675. 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 375. 675. 74,897. 247,160. 270,171. 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, column (f) 161,460. 6 Public support. Subtract line 5 from line 4 431,818. Section B. Total Support (a) 2011 (b) 2012 (c) 2013 (d) 2014 Calendar year (or fiscal year beginning in) (e) 2015 (f) Total 247,160. 270,171 375. 675. 74,897. 593,278. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital 370 580 assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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 72.67 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15 71.32 15 Public support percentage from 2014 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright [\overline{X}]$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. 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 VI how the

Schedule A (Form 990 or 990-EZ) 2015

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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.

NATIONAL RIGHT TO LIFE EDUCATIONAL Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

' (Complete only if you checke			rganization failed t	to qualify under Pa	art II. If the organiza	ation fails to
qualify under the tests listed	below, please comp	olete Part II)				
Section A. Public Support			1,0040	1 20044	1 1 2015	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")				<u> </u>	 	
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						
3 Gross receipts from activities that]		i	ļ		
are not an unrelated trade or bus- iness under section 513	-			:		
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				<u> </u>	 	
7a Amounts included on lines 1, 2, and			 	 	 	
3 received from disqualified persons]		
b 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				 	 	
c Add lines 7a and 7b			 	 		
8 Public support. (Subtract line 7c from line 6) Section B. Total Support		L	L	<u> </u>	<u> </u>	L
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	(a) 20 1	(5) 2512	(0) 20.0	(4) 23	(0/2010	(1) 1010/
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975	3					!
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3					
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		
14 First five years. If the Form 990 is for	or the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2015		•	column (f))	•	15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve					, , ,	
17 Investment income percentage for 2	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2015. If th	-					17 is not
more than 33 1/3%, check this box		-				. ▶∟
b 33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, ch	-					
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□
				•		

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations		 Т	•••
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2		
за	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20		
	(b) and (c) below Did the everywhere confirm that each supported everywhere qualified under continue 501(a)(4). (5) or (6) and	3a		
D	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		
_	organization made the determination.	30		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	- :	
4.	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		-
4a		4a		
L	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	144		
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	10		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	•		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	•	
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b		İ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	<u> </u>	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	ļ
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		ļ	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		ļ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	ļ
10a	· · · · · · · · · · · · · · · · · · ·		1	1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1	
	supporting organizations)? If "Yes," answer 10b below	10a	 	├
b				
	determine whether the organization had excess business holdings)	10b	<u> </u>	1

Sched	dule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.	<u>-101091</u>	.3 Pa	age 5
Par	t IV Supporting Organizations (continued)	··		
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?]	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	
b	A family member of a person described in (a) above?	11b	<u></u>	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	ļ	L
<u>Sect</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		,	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-	'	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in]	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	L
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		}	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u> </u>	L
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	├	
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			,
	the organization maintained a close and continuous working relationship with the supported organization(s).	_2_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			j
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard	3	<u></u> _	
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ons):		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below		-1	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e iristruction:	$\overline{}$	N.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	i	}	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined	0.0		
F	that these activities constituted substantially all of its activities.		╁	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		ļ	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	0.		
^	activities but for the organization's involvement	2b	┼	
3	Parent of Supported Organizations Answer (e) and (b) below.	İ		ļ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		}	j
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	+	
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3ь	1	ļ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u></u>		

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	dule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.			73-1010913 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
٦	Check here if the organization satisfied the Integral Part Test as a qualifying	-		uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	-	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
-	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	······································	
2	Enter 85% of line 1	2		
_ _ _	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
ŭ	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting or	panization (see
•	instructions)	,	76FF 3 :	, ,

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC. 73-1010913 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015. b d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) i Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2015 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j 8 Breakdown of line 7: b c Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015 FOUNDATIO	ON, INC.	73-1010913 Page 8
Part VI	Supplemental Information. Provide the Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5	the explanations required by Part II, line 1 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part I V, Section E, lines 1c, 2a, 2b, 3a and 3b;	0, Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1, Part V, Section B, line 1e, Part V,
.			
			
			
			
532028 09-23	15	21	Schedule A (Form 990 or 990-EZ) 2015
		21	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

NATIONAL RIGHT TO LIFE EDUCATIONAL Name of the organization FOINDATTON.

Employer identification number 73-1010913

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	_	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the orga	ınızatıon answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a histor	ically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure.	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	ter 8/17/06, and not on a historic structur	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and enforcing conse	ervation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation	on easements during the year
•	> \$		\\\ 4\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170(f)	Yes No
0	In Part XIII, describe how the organization reports conservation	n accompate in its revenue and expense of	<u></u>
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	on's imancial statements that describes th	e organization's accounting for
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	•	
1a	If the organization elected, as permitted under SFAS 116 (ASC	_ 	ent and balance sheet works of art
	historical treasures, or other similar assets held for public exhi	•	·
	the text of the footnote to its financial statements that describ		oo o, poolio oo, noo, provido, iii vait riii,
ь	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, edi	•	·
	relating to these items	,	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	•	> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provide
_	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$_
	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	> \$
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2015

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		ION, INC.						<u>73-10</u>			1ge 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, or	Other	Simil	<u>ar Asse</u>	ts(contin	ued)	
Ì	Using the organization's acquisition, accessi	on, and other record	is, check	k any of the	following that a	are a sigr	nficant	use of its	collection	ıtem:	s
	(check all that apply)										
а	Public exhibition	d	- 🔲 i	Loan or exc	hange program	ıs					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organization	's exemp	ot purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, his	stoncal trea	sures, or other	sımılar a	ssets				
	to be sold to raise funds rather than to be m	aintained as part of t	he orgai	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "Y	es" on F	orm 99	D, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for	contribution	ns or other asse	ts not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:	•						
		·							Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	21. for e	escrow or ci	ustodial accour	nt liability			Yes		No
	If "Yes," explain the arrangement in Part XIII					•					ĺ
Par											
	•	(a) Current year		rior year	(c) Two years I			ears back	(e) Four	vears	back
1a	Beginning of year balance					1			(5)	,	
b	Contributions										
c	Net investment earnings, gains, and losses										
ď	Grants or scholarships										
	Other expenditures for facilities			-							
ŭ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1	a column (a	a)) held as				L		
a	Board designated or quasi-endowment	rent year end balane	%	g, colaitii (c	ajj ficia as.						
h	Permanent endowment	%	_′°								
~	Temporarily restricted endowment	^ %									
·	The percentages on lines 2a, 2b, and 2c sho										
32	Are there endowment funds not in the posse		ation tha	at are held a	and administers	d for the	organi	zation			
oa	by.	333011 Of the organiza	ation the	it are rielu a	ino administere	u ioi tile	organia	Lation	Г	Vaa	
	(i) unrelated organizations								3a(ı)	Yes	<u>No</u>
	(ii) related organizations										
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requir	ed on S	chadula R2	•				3a(ii)		
4	Describe in Part XIII the intended uses of the	·							30		
	t VI Land, Buildings, and Equipm		Willelit	iuiius							
_ 	Complete if the organization answere). Part IV	/ line 11a 9	See Form 990 E	Part X lin	ne 1∩				
	Description of property	(a) Cost or o			t or other	(c) Acc		2d	(d) Book	. value	
	bescription of property	basis (investr			(other)		eciation	l l	(u) boor	value	;
12	Land	223.5 (3011)	,	20010	<u> </u>	20010					
	Buildings								·		
	Leasehold improvements										
	Equipment			<u>-</u>	 -						
	Other										
	Add lines 1a through 1e (Column (d) must e	ougl Form 000 Part	Y colun	nn (P) //nn 1			-				

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 FOUNDATION	, INC.		73	-1010913 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes	on Form 990, Part IV,			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)	<u> </u>			
(B)	<u> </u>			
(C)	<u> </u>			
(D)	<u> </u>			
(E)	- 			
	 			
(G)	<u> </u>			
(H)	 			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			 	
Complete if the organization answered "Yes				
(a) Description of investment	(b) Book value	(c) Method of v	aluation. Cost or end	d-of-year market value
(1)			 	
(2)			 	
(3)	 			
	 			
(5)	 			
	 			
	 			
(8)	+			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		- 		
Part IX Other Assets.				
Complete if the organization answered "Yes	s" on Form 990 Part IV	line 11d See Form 990.	Part X. line 15.	
·) Description		 _	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
	·			
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 15)	· · · · · · · · · · · · · · · · · · ·	▶	L
Part X Other Liabilities.				
Complete if the organization answered "Yes	s" on Form 990, Part IV		n 990, Part X, line 25	i.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			{	
(2)			-	
(3)			-	
(4)			{	
(5)			1	
(6)			1	
(7)			1	
(8)			1	
(9) Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 25.)		1	
Total. Journal by must equal Form 330, Fall A, COI (B)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2015

532053 09-21-15

scne	dule D (Form 990) 2015 FOUNDATION, INC.			<u> 10913 Page 4</u>
Pai	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue	e per Return.	
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a		
1	Total revenue, gains, and other support per audited financial statements		1	270,751.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d .		2e	_0.
3	Subtract line 2e from line 1		3	270,751.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	270,751.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a		
1	Total expenses and losses per audited financial statements		1	230,031.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments .	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	230,031.
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.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	230,031.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART X, LINE 2:

Part XIII Supplemental Information.

THE FOUNDATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED APRIL 30, 2016, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF APRIL 30, 2016, THE STATUTE OF

LIMITATIONS FOR TAX YEARS 2012 THROUGH 2014 REMAINS OPEN WITH THE U.S. 532054 09-21-15

Schedule D (Form 990) 2015

NATIONAL RIGHT TO LIFE EDUCATIONAL FOUNDATION, INC. 73-1010913 Page 5 Schedule D (Form 990) 2015 Part XIII Supplemental Information (continued) FEDERAL JURISDICTION AND THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE FOUNDATION FILES RETURNS.

Schedule D (Form 990) 2015

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. NATIONAL RIGHT TO LIFE EDUCATIONAL Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2015) **2** 73-1010913 (h) Purpose of grant or assistance EVELOPMENT PROGRAM TATE EDUCATIONAL X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 147,500 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table 52-1241126 General Information on Grants and Assistance (p) EIN INC. criteria used to award the grants or assistance? FOUNDATION STREET NW - WASHINGTON, DC 20004 1 (a) Name and address of organization EDUCATIONAL TRUST FUND - 512 10 or government NATIONAL RIGHT TO LIFE Part II Part

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

73-1010913 Schedule i (Form 990) (2015) FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Bomestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 FOUNDATION, INC.

· Page 2

e 2, Part III, column (b), and any other additional information	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	2. Part III, column (b), and any other additional information
2, Part III, column (b), and any other additional information	2, Part III, column (b), and any other additional information	2, Part III, column (b), and any other additional information	2, Part III, column (b), and any other additional information	2, Part III, column (b), and any other additional information	2, Part III, column (b), and any other additional information
e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	2 g. Part III, column (b), and any other additional information
ie 2, Part III, column (b), and any other additional information	ne 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	2 2, Part III, column (b), and any other additional information
ie 2, Part III, column (b), and any other additional information	ne 2, Part III, column (b), and any other additional information	ie 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	2, Part III, column (b), and any other additional information
le 2, Part III, column (b), and any other additional information	ne 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	e 2, Part III, column (b), and any other additional information	9.2, Part III, column (b), and any other additional information

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. NATIONAL RIGHT TO LIFE EDUCATIONAL FOUNDATION, INC.

Employer identification number 73-1010913

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRO-LIFE CAUSES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RIGHT TO LIFE POSITION
OFFERING MATERIALS AND ASSISTANCE FOR STATE RIGHT TO LIFE CONVENTIONS
OFFERING ASSISTANCE TO STATE AFFILIATES WITH THE ALL-IMPORTANT TASK OF CHAPTER DEVELOPMENT
HELPING AFFILIATE AND CHAPTERS UPDATE OR WRITE BYLAWS AND HELPING THEM KEEP WITHIN IRS REGULATION FOR THEIR LEGISLATIVE AND EDUCATIONAL WORK
ASSISTING IN CREATING ORIGINAL MATERIAL AND ARTWORK FOR CHAPTERS AND
AFFILIATES
TEACHING A GROUP BIASIC ORGANIZATIONAL SKILLS
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
TOPICS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
GENERAL PUBLIC INFORMATION AND MEDICAL ETHICS
EXPENSES \$ 9,731. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

2015

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 NATIONAL RIGHT TO LIFE EDUCATIONAL

INC.

FOUNDATION,

Name of the organization Department of the Treasury Internal Revenue Service

Employer Identification number Open to Public Inspection 73-1010913

Direct controlling

ε

entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II Part I

(g) Section 512(b)(13) Š × × × controlled entity? Yes NATIONAL RIGHT TO NATIONAL RIGHT TO NATIONAL RIGHT TO Direct controlling LIFE COMMITTEE, LIFE COMMITTEE, IFE COMMITTEE, entity NI NI status (if section Public charity 501(c)(3)) LINE 7 Exempt Code section DISTRICT OF COLUMBIA 501(C)(3) 501(C)(4) DISTRICT OF COLUMBIA 501(C)(4) ூ DISTRICT OF COLUMBIA 527 DISTRICT OF COLUMBIA Legal domicile (state or foreign country) SUPPORT OF PRO-LIFE ISSUES DISSEMINATING INFORMATION EDUCATES THE PUBLIC ABOUT CHARITABLE ACTIVITIES TO TO PROMOTE EDU., SOCIAL & AND SUPPORT FOR PRO-LIFE ABORTION, EUTHANASIA, SECTION 527 SEPARATE Primary activity SEGREGATED FUND INFANTICIDE. ISSUES NATIONAL RIGHT TO LIFE COMMITTEE EDUCATIONAL COMMITTEE - 52-2256246, 512 10TH STREET, NW. 512 10TH STREET, NW WASHINGTON 52-1257773, 512 10TH STREET, NW. WASHINGTON, TRUST FUND - 52-1241126, 512 10TH STREET NATIONAL RIGHT TO LIFE CONVENTIONS, INC. NATIONAL RIGHT TO LIFE POLITICAL ACTION NATIONAL RIGHT TO LIFE COMMITTEE, INC. Name, address, and EIN of related organization NW, WASHINGTON, DC 20004 WASHINGTON DC 20004 52-0986195 DC 20004 20004

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2015

73-1010913

NATIONAL RIGHT TO LIFE EDUCATIONAL FOUNDATION, INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(2)	(4)	(6)	(6)	(e)	e	9	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity		Section \$12(b)(13)	2(b)(13) led
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organizat	Sion?
NATIONAL RIGHT TO LIFE VICTORY FUND - 45-4282310, 512 10TH STREET, NW, WASHINGTON,	INDEPENDENT PAC DEDICATED TO ELECTING PRO-LIFE LEADERS TO OFFICE	DISTRICT OF COLUMBIA 527	527		NATIONAL RIGHT TO LIFE COMMITTEE, INC.		×
						i	
							}

Schedule R (Form 990) 2015 FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

· Page 2

73-1010913

Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule Parner?
K-1 (Form 1065) Yes/No Schedule R (Form 990) 2015 Yes No Section 512(b)(13) controlled Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership Ξ Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total Income Share of end-of-year assets Type of entity (C corp, S corp, or trust) (e Share of total income Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicife (state or foreign country) 37 છ (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) (a) 532182 09-08-15 Part IV

NATIONAL RIGHT TO LIFE EDUCATIONAL FOUNDATION, INC.

Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

					⊢
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	S No
1 During the tax year, did the organization engage in any of the following transactions	IS WITH ONE OF MORE RE	transactions with one of more related organizations listed in Parts II:177 trolled entity	in Pans II-IV?	ç	×
	•			÷	+
				╀	>
				اد	4
d Loans or loan guarantees to or for related organization(s)				19	×
e Loans or loan guarantees by related organization(s)				1 e	×
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				무	×
i Exchange of assets with related organization(s)				1;	×
 Lease of facilities, equipment, or other assets to related organization(s) 				1-	×
k Lease of facilities, equipment, or other assets from related organization(s)				1k	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anızation(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			£	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uor			4	×
o Sharing of paid employees with related organization(s)				10	×
p Reimbursement paid to related organization(s) for expenses				1p X	
				1q X	
				-	
r Other transfer of cash or property to related organization(s)				-	×
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pevlove	
NATIONAL RIGHT TO LIFE EDUCATIONAL TRUST	œ	147.500.CASH	CASH		
(2)					
<u> </u>					
(4)					
(5)					
(9)					
532163 09-08-15	38		Schedule	Schedule R (Form 990) 2015	30) 2015

73-1010913 Page 4

NATIONAL RIGHT TO LIFE EDUCATIONAL

Schedule R (Form 990) 2015 FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c)	(q)		(a) (b)	(£)	(b)	E	(9)	9	3
Name, address, and EIN of entity	Primary activity	nicile	Predomi (related	와 -	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage bonate amount in box 20 managing allocations? of Schedule K-1 partner?	Seneral or managing partner?	Percentage ownership
		country)	sections 512-514)	ıncome	assets	Yes No	(Form 1065)	Yes No	
						_			
								-	
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							Schedule	R (For	Schedule R (Form 990) 2015

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