Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

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Application pending Montgeller VT 65601 According Method Cash Accord Other (specify)	H			City or town, state or province, country, and ZIP or foreign postal code						
Webste: vitc.net Tax-exempt status (check only one)	Ō			Montpelier VT 05601	Number	>				
Website: ► vric.net JTare-exempt status (check only one) — S01(c)(3)	G	Account	ting Method		Check ▶ □	if the organization is not				
Form of organization Corporation Trust Association Other				et		_				
K Form of organization	J 1	Tax-exen	npt status (che	eck only one) — ☐ 501(c)(3) 🗹 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	Form 990, 99	90-EZ, or 990-PF)				
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I E1 1 1 1 1 1 1 1 1	K	Form of	organization							
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Pa	Balance Sheets (see the instructions f					
•	Check if the organization used Schedule	O to respond to ar	ny question in this			<u>V</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			25,887		30,932
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			55,282 81,169		67,365
25	Total assets			796		98,297 3,977
26 27	Net assets or fund balances (line 27 of column		line 21)	80,373		94,320
Par						04,320
, en	Check if the organization used Schedule					Expenses
Wha	is the organization's primary exempt purpose?			·		uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each o	fits three largest pa	rogram services,		nizations, optional for
as n	leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title	services provided	, the number of	Ollic	
28	Legislative lobbying for pro-life legislation and again					•
	the right to life; presenting a pro-life message at fairs		and other events; si	upport for other		
	pro-life educational activities; support for crisis preg			······································	00-	
	(Grants \$ 850) If this amount	includes foreign gra	ints, check here .	<u> P U</u>	28a	76,982
29						

	(Grants \$) If this amount	includes foreign gra	nts check here		29a	
30	<u> </u>					
30						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra		▶ 🗆	31a	
32	Total program service expenses (add lines 28a	through 31a) .	•	>	32	76,982
Par	List of Officers, Directors, Trustees, and Key				nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u> </u>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount of other compensation
Mary	Hahn Beerworth, Executive Director					-
		40	35,289	9,35	7	0
See	Attached for Directors					
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Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	V .	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	No
	detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\dots \dots $	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 57a 57a 57a 57a 57a 57a 57a 57a 57a 5	-		
ь 38а	Did the organization file Form 1120-POL for this year?	37b	(4507)	
000	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			15.4
39	Section 501(c)(7) organizations. Enter			
a b	Initiation fees and capital contributions included on line 9	-		4
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	22.71		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	<i>5</i> .		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100	200	
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	52.3		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	100		
	40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		-
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Sharon Toborg . Telephone no. ▶ (Located at ▶ Montpeler VT	802) 22 05601		5
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		✓
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		, I	► ⊔
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a	2100225	√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c	#100A000000000	<u> </u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	(T 10 M X 220)	√
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b	244	√

			-					
							Yes	No
Did the organization engage, directly or into candidates for public office? If "Yes"						46		
		, raiti	• •	· · · ·	<u>. </u>	40		_ ✓
All section 501(c)(3) organization 50 and 51.	s must answer que			omplete th	ie tab	les f	or lin	es
Check if the organization used Sc	hedule O to respond	to any question in t	nis Part VI	<u> </u>	<u> </u>	• •		
				during the	tax	47	Yes	No
Is the organization a school as described i						48		
· · · · · · · · · · · · · · · · · · ·					. [49a		
					. [49b		
employees) who each received more than	I	isation from the organ			ie, ent	er "N	one.	
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans,	to employee and deferred				
						٠		
						,		
Total number of other employees paid ov	er \$100,000	. ▶						
			contractors	s who each	rece	eived	more	tha
(a) Name and business address of each independ	dent contractor	(b) Type of serv	ce	(c) Comp	ensatio	οп	
	to candidates for public office? If "Yes," of the organization and 51. Check if the organization used Sc. Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers the "Yes," was the related organization as a Complete this table for the organization's employees) who each received more than (a) Name and title of each employee Total number of other employees paid over Complete this table for the organization should be completed the title of each employee of the organization should be completed this table for the organization should be completed the organization should be comp	to candidates for public office? If "Yes," complete Schedule C, Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer que 50 and 51. Check if the organization used Schedule O to respond Did the organization engage in lobbying activities or have a syear? If "Yes," complete Schedule C, Part II	to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 50 and 51. Check if the organization used Schedule O to respond to any question in the organization engage in lobbying activities or have a section 501(h) election year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C, Part II Is the organization make any transfers to an exempt non-charitable related organization? The organization as section 527 organization? Complete this table for the organization's five highest compensated employees (other microsum) who each received more than \$100,000 of compensation from the organization (Forms W-2/1099-MISC) Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent \$100,000 of compensation from the organization. If there is none, enter "None."	to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and co 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than office employees) who each received more than \$100,000 of compensation from the organization. If the label of each employee (b) Average hours per week devoted to position (Forms W-2/1099-MISC) Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors \$100,000 of compensation from the organization. If there is none, enter "None."	Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete th 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule C, Part II Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, direct employees) who each received more than \$100,000 of compensation from the organization. If there is none horself plans, and deferred compensation (a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation. Total number of other employees paid over \$100,000 .	to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tab 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensation from the organization. If there is none, enter "None." Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than organization. If there is none, enter "None."	to candidates for public office? If "Yes," complete Schedule C, Part I	to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for line 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, an employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per week devoted to position (b) Average hours per week devoted to position (c) Reportable continuous to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Reportable continuous to employee benefit plans, and deferred compensation (forms W-2/1099-MISC) Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Description of the organization from the organization. If there is none, enter "None."

u lot	ai number of other independent co	ontractors each receiving over \$ 1	JU,UUU▶			
	the organization complete Sch npleted Schedule A	nedule A? Note: All section 5		. — —		
Under penalti true, correct,	es of penury, I declare that I have examined and complete. Declaration of preparer (other	this return, including accompanying scheor than officer) is based on all information of	fules and statements, and to which preparer has any kno	the best of my knowledge and belief, it is wledge		
Sign Here	Signature of officer YEO SUVEX Type or print name and title	oborg		Date 11/14/19		
Paid Prepare	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed		
Use Onl	1 - .			Firm's EIN ▶		
	Firm's address ▶	_		Phone no		
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Vermont Right to Life Committee Inc.	51-0201949
Part I Lne 8: staff subcontracting revenue	
Part I Line 16: Insurance; supplies; travel	
Port II Lune 24, A/D, proposed expenses, equipment furniture	
Part II Line 26 · A/P, Payroll taxes payable	
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