Form **990-EZ** 

## **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)

2020

OMB No 1545-0047

Department of the Treasury

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

**Open to Public** Inspection

A C-		nue Service	and ending		217	, 20
		2020 Cateridar year, or tax year beginning , 2020,	and ending	D Empl	avor idants	ication number
_		•		D Empi	•	20194 <b>9</b>
=	ddress ci Iame cha		Room/suite	F Telen	hone numb	<del></del>
_	ntial retur		71001111001110	Liciop		29-4885
_		m/terminated City or town, state or province, country, and ZIP or foreign postal code	L			
=	mended	return	04		ıp Exempt ıber ►	ion
		on pending Montpelier VT 05601	<u> </u>			
		ting Method   Cash Accrual Other (specify)	H			e organization is no
	ebsite			•		Schedule B Z, or 990-PF)
		npt status (check only one) — ☐ 501(c)(3)	r 🗌527	(FOIII 9	90, 990-62	L, Or 990-PF)
		organization		14-		
		is 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or i	more, or it tota	ıı assets		
		lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		· .	\$	114,93
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balance				
		Check if the organization used Schedule O to respond to any question			<del></del>	
	1	Contributions, gifts, grants, and similar amounts received			1	95,01
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
- 1	4	Investment income			4	Z
	5a	Gross amount from sale of assets other than inventory <u>5a</u>		0		
	b	Less: cost or other basis and sales expenses	L	0		
l	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from li	ine 5a)		5c	
	6	Gaming and fundraising events:				
	а	Gross income from gaming (attach Schedule G if greater than				
ž		\$15,000)	<u> </u>	0		
Revenue	b		of contribution	ons		
Æ		from fundraising events reported on line 1) (attach Schedule G if the	1		<b>Hara</b> i	
		sum of such gross income and contributions exceeds \$15,000) 6b		0	İ	
	C	Less: direct expenses from gaming and fundraising events <u>6c</u>	<u> </u>	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and	d 6b and su	btract		
	_	line 6c)		• •	6d	
	7a	· · · · · · · · · · · · · · · · · · ·		0	l l	
- 1	b	Less: cost of goods sold	<u> </u>	0		
- 1	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) .			7c	
- 1	8	Other revenue (describe in Schedule O)			8	19,89
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	. •	9	114,93
	10	Grants and similar amounts paid (list in Schedule O)	CEIVED	•	10	1,05
	11	Benefits paid to or for members			11	
Expenses	12	Salaries, other compensation, and employee benefits	IS/VEX	· ·	12	77,51
	13	Professional fees and other payments to independent contractor.		. 7	13	6,50
	14	Occupancy, rent, utilities, and maintenance	7	70 / ·	14	5,56
ш	15	Printing, publications, postage, and shipping	1021 1	ર્ડ.\	15	14,36
- 1	16	Printing, publications, postage, and shipping OGDEA  Total expenses. Add lines 10 through 16	10	<i>5/</i> .	16	5,90
	17			<u> </u>	17	110,90
its	18	Excess or (deficit) for the year (subtract line 17 from line 9)	/		18	4,0
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A))	) (must agree	e with	46	
انتا		end-of-year figure reported on prior year's return)			19	128,20
21	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
Net Assets	21	Net assets or fund balances at end of year. Combine lines 18 through 20 .			21	132,23

Pa	rt II Balance Sheets (see the instructions t	•				
	Check if the organization used Schedule	O to respond to a	ny question in this		<del></del>	🗸
				(A) Beginning of year	1	(B) End of year
22.	Cash, savings, and investments			46,072		33,786
23	Land and buildings				23	101.42
24				87,831		101,429
25 26	Total assets			133,903 5,701		135,21
27	Net assets or fund balances (line 27 of column			128,202		2,984 132,23
Par					1-1	132,23
	Check if the organization used Schedule	•		•	.1	Expenses
Wha	t is the organization's primary exempt purpose?				,	quired for section
Desc	cribe the organization's program service accomplisheasured by expenses. In a clear and concise m	shments for each o	f its three largest		orga	(c)(3) and 501(c)(4) anizations, optional fo ers)
	ons benefited, and other relevant information for ea				L	
28	Legislative lobbying, media appearances, publication	n of newsletter, grass	roots organizing, p	regnancy help,		
	website					
					1	
	(Grants \$ 1,050) If this amount	ıncludes foreign gra	ints, check here .	▶ 📙	28a	95,776
29					1	
	•••••				1	
	/Crosto C				00-	_ [
30	(Grants \$ ) If this amount				29a	1
30					1	
	(Grants \$ ) If this amount	ıncludes foreign gra	ints check here	▶ □	30a	,
31	Other program services (describe in Schedule O)					-
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	31a	a
32	Total program service expenses (add lines 28a t	through 31a)		•	32	
	t IV List of Officers, Directors, Trustees, and Key				nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV	<u></u>	
		(b) Average	(c) Reportable	(d) Health benefits,		\ Fatt
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MIS)	contributions to employ  benefit plans, and		) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-	deferred compensatio	n	
Mary	Beerworth					
Exec	utive Director	20	18,20	0 10,37	78	
					- 1	
					$\dashv$	
See a	attached list of Officers and Directors					
					+	<del></del>
		-			İ	
					+	
	<del></del>				+	
		1				
	· · · · · · · · · · · · · · · · · · ·				+	
		1			ı	
					十	
	·	1				
				<u></u>		
		-				
				+	+	
					_	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pari		
33,	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
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		
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		. <b>V</b>
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		<b>√</b>
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		2006	
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<b>✓</b> <b>✓</b>
b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved	_		
b 40a	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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		<b>✓</b>
41	List the states with which a copy of this return is filed >	000\ 0	20. 400	
42a		802) 2		5
b	Located at ▶ PO Box 1079, Montpelier VT  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)?  If "Yes," enter the name of the foreign country ▶	42b	-1079 Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		_ <b>_</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	► ⊔ No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>√</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		<b>√</b>
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>√</b> ✓
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		

Page	,

									NO
46		he organization engage, directly or it							
	to ca	ndidates for public office? If "Yes," of	complete Schedule C	, Part I <u></u>			. 46	1	✓
Part	VI	Section 501(c)(3) Organization	s Only						
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete th	e tables	for lir	nes
		50 and 51.	•		•	•			
		Check if the organization used Sci	hedule O to respond	I to any question in t	his Part VI				
		Officer if the organization used co	ricadic O to respond	to any question in t	ins i ait vi	<del>_ · · · ·</del>	· · · · · · · · · · · · · · · · · · ·	Yes	No
47	D:4 *	ho organization angese in Johnvins	antivitian or have a	anation EO1/h) alastic	offoot	duma the	tov [	165	INO
47		he organization engage in lobbying		• •	n in ellect	during the	- 1	. 1	
	-	If "Yes," complete Schedule C, Par					47		┿
48		organization a school as described in					. 48	,	
49a	Did t	he organization make any transfers t	zation? .		. 498	<u>a  </u>			
b	If "Ye	es," was the related organization a se	ection 527 organizatio	on?			. 49t	<b>o</b>	
50	Com	plete this table for the organization's	five highest compen-	sated employees (oth	er than offic	cers, directi	ors, truste	ees, ar	nd key
	empl	oyees) who each received more than	1 \$100,000 of comper	nsation from the orga	nization. If t	here is non	e, enter "	None.	"
		· · · · · · · · · · · · · · · · · · ·			(d) Health	benefits,	-		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation			(e) Estimated amount of		
	` '	• •	devoted to position	(Forms W-2/1099-MISC)		and deferred	other co	mpensa	ation
				<del> </del>	compe	iisation			
				ļ	-				
		·							
									_
						- "			
						i			
					<u> </u>				
	Takal	number of other products and ac-	<u> </u>		L				
		number of other employees paid ov		· · · · · · · · · · · · · · · · · · ·					
51		plete this table for the organization ,000 of compensation from the orga			contractor	s wno eacr	receive	3 more	e than
	\$100	,000 or compensation from the orga	nization. Il there is no	ne, enter None.		<u> </u>			
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	исе	(c)	Compensa	ition	
				]					
				1					
				•					
				1					
			<del></del>	A		L			
đ		number of other independent contra	_		<b></b>				
52		the organization complete Schedu	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	nizations n	nust attach	n a_		
	comp	oleted Schedule A			<u> </u>		► 🗌 Ye	s 🗆	No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and statemi	ents, and to the	e best of my kr	nowledge ar	nd belief	i, it is
true, co	rrect, ar	d complete Declaration of preparer (other that	n officer) is based on all info	ormation of which preparer I	nas any knowle	edge			
		1 8 Mangni F	TOUMO			11/1.5	121		
Sign		Signature of officer			Dat	ie //			
Here		1 Opporan E	Toport	Treasur	90				
		Type or print name and title	10019 1	,, cu					
	L	1	Preparer's signature	Da	ite		PTIN		
Paid		Print/Type preparer's name	Troparar a aignature			Check	if		
Prep	arer				1	self-emplo	yeo		
Use	Only	Firm's name ▶			Fire	n's EIN ▶			
		Firm's address ▶			Ph	one no			
May tl	he IRS	discuss this return with the prepare	<u>r shown above? See i</u>	instructions		<u>.</u> .	► 🗌 Ye	s 🗌	No

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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 Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Vermont Right To Life Committee Inc.	51-0201949
	<del></del>
Part I Line 8: rebates; reimbursement for staff services	
Part 1 Line 17: supplies, insurance	
Part II Line 24: Furniture, Equipment, A/R	
Part II Line 26: A/P	
·	
	•••••