# \*\* PUBLIC DISCLOSURE COPY \*\* 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)

OMB No. 1545-1150

Open to Public

Department of the Treasury

Form **990-EZ** 

▶ Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at

Section   Content   Con	7	Engl		ra man actions is at MM	w.irs.gov/forr	n990.	inspection
Dark State Company   Tennoted Public   Tennote	R	Check	ne 2013 calendar year, or tax year beginning	and e	nding		
Temmorate classes   FUND   TINC   Worther and street of 07-00. box, if mail is not delivered to street address   PO BOX 11.07-65   PO B	т	applic				D Employer id-	entification number
Number and street (or P.D. box, 4 mail is not delivered to street address)	Ļ	$\neg$		CATION		]	
PO BOX 11.0765   Controlling Methods of province, country, and ZIP or foreign postal code   Sactosian produce   Sactosian   Comparison   Comparison   Sactosian   Comparison   Com	Ļ					58-15	44801
Amended analy   City of town, state or province, country, and 2it or foreign postal code   F Group Exemption   NASHVILLE   TN 37222-07555   Hotek   Accounting Method:   X Cash   Account Other (specify)   Hotek   Hotek   If the organization is no equired to attach Schedule 8   Tax-exempt state (lenke only no.)   X 501(01(03)   501(0)   (insert no.)   4947(a)(1) or   527   (form 990, 990-F7, or 980-F7).	Ļ	lnit	•	address)	Room/suite	E Telephone n	umber
According Method:	Ļ					(615)	298-5433
Accounting Method:	Ļ	A^#		al code		F Group Exem	ption
Website:   WWW. TRLEDUCATIONFUND. ORG   Tox-exempt status (check only one)   X 501(c)(3)   501(c)   (1)   (Insert no.)   4947(a)(1) or   527   (Form 900, 990-EZ, or 990-PF).	느					Number 🕨	
Westing   Way						H Check	if the organization is <b>no</b>
K Form of organization: XI Corporation  Trust							
L Add lines 5b, 6c, and 7b, 1o line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file form 990-EZ  Part I Revenue, Expenses, and Changes in Next Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule 0 to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received  1 1 053,823.  7 1 Contributions, gifts, grants, and similar amounts received  1 1 1 053,823.  8 2 2 2 2,945.  8 Membership dues and assessments  8 3 4 1 Program service revenue including government fees and contracts  9 2 2 2 2,945.  8 Membership dues and assessments  9 3 4 129.  5 4 1 Program service revenue including government fees and contracts  9 5 6 Gross amount from sale of assets other than inventory  1 5 8 1					) or 📖 527	(Form 990, 9	90-EZ, or 990-PF).
Column (8) below) are \$500,000 or more, file Form \$90 instead of Form \$90/EZ				n Other			
Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to the sum of such growing the sum of such grows and the part of the sum of such grows income and contributions exceeds \$15,000 to the sum of such as a sum of such grows income nor (loss) from gaming and fundraising events (ad lines 6a and 6b and subtract line 6c)  Check office organization propagation in the 1 (attach Schedule O)  Check organization used Schedule O to respond to the sum of such growing the sum of such grows income form of such grows income f	L	Add I	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are	\$200,000 or more, or if to	tal assets (Part	fl,	
The contributions   Contribu		colun	in (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>&gt;</b> \$	166,897.
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Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors  13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20  12 SEE SCHEDULE O 13 13 792. 15 14 13 792. 16 73,136. 17 143,456. 18 23,441.		ł					9/5.
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  13 13 13 13 14 15 15 14 15 15 17 19 19 15 17 19 15 17 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 19	,		Salaries, other compensation, and employee henefits	***************************************			F2 C24
Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O  16  73,136.  17  14  15  16  73,136.  17  18  23,441.  19  111,404.  20  20  20  250.>  21  Net assets or fund balances at end of year. Combine lines 18 through 20	2	1	Professional fees and other payments to independent contractors				55,634.
Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  15  17  18  19  17  143,456.  18  23,441.  19  111,404.  20  20  <50.>  21  134,795.	ļ.	1	Occupancy, rent, utilities, and maintenance	SER SCHED	III.F A		12 700
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O  16  73,136.  17  143,456.  18  23,441.  19  111,404.  20  <50.>  21  134,795.	ì	I	Printing, publications, postage, and shipping	OBB SCHED	ODE O		
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 134,795.		ı	Other expenses (describe in Schedule 0)	SEE SCHED	II.F. O		
18 23,441.  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  18 23,441.  19 111,404.  20 <50.>  21 134,795.		i		التنانات بيديد	·		
Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19		18	Excess or (deficit) for the year (Subtract line 17 from line 9)			10	
(must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 134,795.		19	Net assets or fund balances at beginning of year (from line 27, column (A))			Version	43,441.
20 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE 0 20 <50.> 21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 134,795.		[	(must agree with end-of-year figure reported on prior year's return)			10	111 404
21 Net assets or fund balances at end of year. Combine lines 18 through 20		20	Other changes in net assets or fund balances (explain in Schedule (1))	SEE SCHED	ILE O		
		21	Net assets or fund balances at end of year. Combine lines 18 through 20			···	
	НΑ	For	Paperwork Reduction Act Notice, see the separate instructions.				

332171 11-25-13

Form 990-EZ (2013)

orm 990-EZ (2013) <b>FUND, INC.</b>			58-	-1544	<b>801</b> P
Part II Balance Sheets (see the instructions for P	Part II)	7-7-10-1			****
Check if the organization used Schedule O	to respond to any questi	on in this Part II			
		(A) Beginning of yea	r T	(8)	End of year
22 Cash, savings, and investments	<del></del>	96,73			118,07
23 Land and buildings		6,44			6,44
23 Land and buildings 24 Other assets (describe in Schedule 0) SEE SCHEDU	11.F O	8,23			
25 Total assets	,111				10,28
	***************************************	111,40			134,79
- The state (accorded to Shipada O)			0 . 26		
27 Net assets or fund balances (line 27 of column (B) must agree with	line 21)	111,40	4 . 27		134,79
Part III Statement of Program Service Accompli	<b>ishments</b> (see the instruc	ctions for Part III	)	E	xpenses
Check if the organization used Schedule O	to respond to any question	on in this Part III	X	(Required	d for section
What is the organization's primary exempt purpose? SEE SCHEDU	LE O			507(c)(3	) and 501(c)(4 ions and section
escribe the organization's program service accomplishments for each of its three larges	St Drogram services, as measured by even	ases in a clear and consis	-		ions and sected 1) trusts; optio
nanner, describe the services provided, the number of persons benefited, and other refe	vant information for each program title.	noos, and olean and concis-	Ç	for others	
8 SEE SCHEDULE O					
			······································		
(Cronto D					
(Grants \$ ) If this amount includes f	foreign grants, check here	·····	<u> </u>	28a	61,71
BEE SCHEDORE O					
(Grants \$ ) If this amount includes f	oreign grants, check here	<b>—</b>	.	29a	47,53
PROVIDE DIRECT ASSISTANCE TO WO	MEN AND FAMILIES	FACING			,,
UNPLANNED PREGNANCIES.					
(Grants \$ ) If this amount includes for					16 14
	oreign grants, check here		<u> </u>	30a	16,14
Other program services (describe in Schedule O)		*******			
(Grants \$ ) If this amount includes for	oreign grants, check here			31a	
Total program service expenses (add lines 28a through 31a)				32	125,38
Part IV List of Officers, Directors, Trustees, and	Key Employees (list each one	even if not compensated	see the i	instructions f	for Part IV)
Check if the organization used Schedule O	to respond to any questic	n in this Part IV			
	(b) Average hours	(C) Reportable		Ith benefits,	(e) Estimate
(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	contrit	butions to yee benefit	amount of oth
	position	(if not paid, enter -0-)	plans, a	nd deferred ensation	compensation
HOMAS D. BOLES			Comp	ensation	
REASURER	1.25			^	
RIAN HARRIS	1.23	0.	ļ	0.	(
RESIDENT		_		_	
	20.00	0.		0.	(
OSEPH E. ALBIN					
ECRETARY	20.00	0.		0.	(
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		_			***************************************
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				7	
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				1	
		-			
				- 1	
172 11-25-13				Earm O	<b>90-F7</b> (201

			Yes	No
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		v
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		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		$\frac{\Lambda}{X}$
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		
5 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
5 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		46.00

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Form 990-EZ	(2013)	FUND,	INC.			021		58-1544	801		Page
46 Did the	organization complete Sc	engage, dired hedule C, Par	ctly or indirectly,	in political campaign activ	vities on behalf of	or in oppositi	on to candidates for p	ublic office?	46	Yes	No X
Part VI	All section	501(c)(3) o	rganizations m	ons only ust answer questions dule O to respond to a	47-49b and 52,	and comple	te the tables for lin	es 50 and 51.	4	<u> </u>	
<ul><li>48 Is the o</li><li>49a Did the</li><li>b If "Yes,"</li></ul>	organization organ	engage in lob school as des nake any trai ed organizatio	bying activities of scribed in section nsfers to an exen on a section 527	or have a section 501(h) e n 170(b)(1)(A)(ii)? If "Yes npt non-charitable related organization?	lection in effect di "complete Sched organization?	uring the tax y lule E	rear? If "Yes," complet	e Sch. C, Part II	47 48 49a 49b	Yes	X X X
than \$1	00,000 of con	npensation fr	om the organiza tle of each emplo	est compensated employer tion. If there is none, ente nyee	r "None." (b) Avera per week	age hours devoted to ition	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit plans, and deferre compensation	s. (e	Estime of the service	ated other
51 Complet organiza	e this table for tion. If there is	the organiza none, enter	"None." ${f N}$	00 st compensated independ ONE ndent contractor	lent contractors w		ived more than \$100,4		ation fro		
											***************************************
charitable or charitable or charitable or charities of character of present of present of present of character of characte	rganization co e trusts must a r perjory, J decia parer (officer, than signature of c	mplete Sche attach a com re that I have et officer) is base	dule A? Note. All pleted Schedule kamined this return ad on all information	including accompanying sche of which preparer has any kn	zations and 4947		ist of my knowledge and i	Date /	Yes	complet	No e:
Paid	Type or print i	AS D. I		Preparer's signature		Date	Check self- employe	if PTIN	<del></del>		
Preparer Use Only	Firm's name					<u> </u>	Firm's EIN Phone no.				
lay the IRS dis	cuss this retu	rn with the p	reparer shown a	bove? See instructions				<b>D</b>	Yes		No

## **SCHEDULE A** (Form 990 or 990-EZ)

# **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. Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. TENNESSEE RIGHT TO LIFE EDUCATION FUND, INC.

Inspection Employer identification number

OMB No. 1545-0047

Dort	. Danas	FUND,	INC.						5	8-154	4801	L
Part I	Reason	n for Public Cha	arity Status (All organ	izations n	nust comp	ete this p	art.) See in	structions	i.			
	nization is no	t a private foundatio	n because it is: (For lines	s 1 throug	h 11, chec	k only one	box.)					
1	A church, d	convention of church	ies, or association of ch	urches de	scribed in a	section 17	70(b)(1)(A)	(i).				
2			170(b)(1)(A)(ii). (Attach S									
3 📖	A nospital (	or a cooperative hos	pital service organization	i describe	d in <b>sectio</b>	n 170(b)(	1)(A)(iii).					
4	A medical r	esearch organization	n operated in conjunction	n with a he	ospital des	cribed in a	section 17	O(b)(1)(A)	(iii). Enter i	the hospita	al's nan	ne,
_	city, and st						······································	• · · · · · · · · · · · · · · · · · · ·				
5	An organiza	ation operated for th	e benefit of a college or	university	owned or	operated I	by a gover	nmental u	nit describ	ed in		
6		'0(b)(1)(A)(iv). (Comp										
7 X	A rederal, S	tate, or local governi	ment or governmental ur	nit describ	ed in sect	ion 170(b)	)(1)(A)(v).					
1 41	An organiza	tion that normally re	ceives a substantial par	t of its sup	port from	a governn	nental unit	or from th	e general	public des	cribed	in
8 🗔		0(b)(1)(A)(vi). (Comp										
9 🗆			section 170(b)(1)(A)(vi)									
9	activities rel	luon triat normally re	ceives: (1) more than 33	1/3% of i	ts support	from conf	tributions,	membersł	nip fees, ar	nd gross re	ceipts	from
	income and	uproloted business	unctions - subject to cerl	ain excep	itions, and	(2) no mo	re than 33	1/3% of it	ts support	from gross	invest	tment
	See continu	unrelated business 1 509(a)(2). (Comple	taxable income (less sec	ction 5111	tax) from b	usinesses	acquired	by the org	anization a	after June :	30, 197	75.
10					alta e i							
11	An arganiza	tion organized and (	operated exclusively to to	est for put	DIIC Safety.	See secti	ion 509(a)	(4).				
••	more public	ly supported organiz	pperated exclusively for t	ine beneti	t of, to per	form the fi	unctions o	f, or to car	ry out the	purposes	of one	or
	describes th	e type of supporting	zations described in sect g organization and comp	don 509(a)	(I) or sect	ion 509(a)	(2). See <b>se</b>	ction 509	(a)(3). Che	ck the box	that	
	a Type				unctionally				. 10 61	·		
е 🔙			at the organization is no					dilii Typ	pe III - Non	-tunctional	ly integ	grated
	foundation r	managers and other	than one or more public	ly support	ed organiz	ations da	ecribad in	naction 50	squailleu p	persons ou	ner tna	n
f	If the organi	zation received a wr	itten determination from	the IRS th	natitis a T	une I Tun	all or Tun	section su	ra(a)(1) or s	section 50s	Ha)(2).	
		organization, check t										
g			organization accepted a	nv aift or a	contributio	n from an	of the fol	lowing ne	eone?			LJ
	(i) A perso	on who directly or inc	directly controls, either a	lone or to	aether with	nersons	described	in (ii) and	/iii\ helow		Yes	No
	the gov	erning body of the s	supported organization?							11g(i)	163	140
			n described in (i) above?				************			11g(ii)		
	(iii) A 35%	controlled entity of a	a person described in (i)	or (ii) abov	/e?	***************************************	************			11g(iii)	<del>  </del>	
h	Provide the t	following information	about the supported or	ganization	ı(s).		***********			. [119(11)]	L	
			• •	•	-1-7-							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did vo	u notify the	(vi) is	s the	uii) Amaunt		-4
	nization	1	(described on lines 1-9	in col. (i) li	isted in you:	organiza	tion in col.	organizati		vii) Amount supj		ешту
			above or IRC section (see instructions))	governing	document?	(i) of you	r support?	(i) organiz U.S	.7	oup	,,,,,,	
			(see manachons))	Yes	No	Yes	No	Yes	No			
									<u> </u>			
											7	
·····												
					]							
				000000000000000000000000000000000000000	gronavoniona	Segungaro sectora	terynypomonoces	Westernation of Street	0.000			
otal												
		<ul> <li>A compression is the contract of</li></ul>		<ul> <li></li></ul>	<ul> <li>documenta de la companione</li></ul>	n personal p	<ul> <li>protestalentinėstalės</li> </ul>	<ul> <li>Debekerkelsenkblikalinist</li> </ul>	<ul> <li>Association (ASS)</li> </ul>			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ,

Schedule A (Form 990 or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 FUND, INC. 58-15448 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						3.00
Cal	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				1,7,2,7,2	(0) 2010	(1) 70(a)
	membership fees received. (Do not				İ		
	include any "unusual grants.")	160,041.	138,940.	162,092.	157,463.	163,823.	782,359.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	160,041.	138,940.	162,092.	157,463.	163,823.	782,359.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		1419415 255				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						86,795.
_6	Public support. Subtract line 5 from line 4.						695,564.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010 138,940.	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	160,041.	138,940.	162,092.	157,463.	163,823.	782,359.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	618.	548.	170.	177.	127.	1,640.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			1			
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support, Add lines 7 through 10						783,999.
	Gross receipts from related activities,					12	15,817.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a sectior	n 501(c)(3)	
Sec	organization, check this box and stop tion C. Computation of Publi	here	contoco	***************************************			<u></u>
							AA = = =
15	Public support percentage for 2013 (li	ne 6, column (1) alv	/idea by line 11, co	olumn (f))	·····	14	88.72 %
16a	Public support percentage from 2012	schedule A, Part I	i, ine 14		L	15	91.24 %
iva	33 1/3% support test - 2013. If the or	ryanization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	and
h	stop here. The organization qualifies a	is a publicly suppo reanization did not	orted organization	- 40 40 1			<b>▶</b> X
~	33 1/3% support test - 2012, If the or	ige se a publich o	check a box on an	e 13 or 16a, and 1	ine 15 is 33 1/3%	or more, check this	s box
17a	and stop here. The organization qualit	- 2013 If the area	apported organizat pization did not ob	ook o bev ee fire :	40.40 401		▶∟
	10% -facts-and-circumstances test and if the organization meets the "fact	- zo io. n ine orga sand-circumeteno	nization did not ch set tset shoot the	eck a box on line	io, iba, or 16b, a	na fine 14 is 10% o	r more,
	meets the "facts-and-circumstances" t	est. The organizati	on qualifica as a c	s box and stop ne	re. Explain in Part	iv now the organiz	ation
b	10% -facts-and-circumstances test	- 2012 If the organizati	on qualifies as a pi nization did not ch	eck a hoy on line :	organization		
	more, and if the organization meets the	e "facts-and-circum	neadon did not ch	oon a box on mile ook this hav and ==	ton here Evelster	/a, and line 15 is 1	J% Or
	organization meets the "facts-and-circu	imstances" test. T	he organization on	alifies as a nublish	venoported error	in mark IV now the	F [
18	Private foundation, If the organization	did not check a h	ox on line 13 16a	ames as a publicij 16h 17a or 17h	y supported organ	uzation	₹ -
						luie A (Form 990 o	r 990-E7\ 2012

# Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part (I.)

Se	ction A. Public Support	sciott, picase com	prese r di t II.)			<del></del>	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			1 3-4	10,20,12	10/2010	10 1014
	membership fees received. (Do not						
	include any "unusual grants.")						
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				ļ	<del></del>		
٠	are not an unrelated trade or bus-			İ			
	iness under section 513						
	***********			<u> </u>			
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						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			1			
t	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						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		The state of the s	The second control of the second seco		w was in the first of the first	
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	121233	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(O) EO I I	(4) 2012	(e) 2013	(f) Total
	Gross income from interest,	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income				·		
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	***************************************						
11	Add lines 10a and 10b  Net income from unrelated business						
• •	activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
	check this box and stop here			***********************		W. 2. 1	
	tion C. Computation of Publi						
15	Public support percentage for 2013 (lii	ne 8, column (f) div	rided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2012	Schedule A, Part I	II, line 15			16	%
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 201	3 (line 10c, colum	n (f) divided by lin	e 13, column (f))		17	%
18	Investment income percentage from 2	012 Schedule A. F				18	<u> </u>
	33 1/3% support tests - 2013. If the o						' is not
:	more than 33 1/3%, check this box an	d stop here. The	organization qualit	ies as a publicly s	innorted organiza	ation	13 TOL
b	33 1/3% support tests - 2012. If the o	rganization did no	ot check a box on	line 14 or line 10a	and line 16 is mo	re than 32 1/204	
	line 18 is not more than 33 1/3%, chec	k this box and etc	n here. The organ	nization qualifies of	and mie 10 is Mic	erted ereceived	, [T]
20	Private foundation. If the organization	did not check a h	ov on line 1/1 100	or 10h abast +hi	s how and accite	ored organization	
	09-25-13	I I CONSUR A D	on on and 14, 19a	, or 130, check this	S DUX AND SEE INS	uucuons	<u></u>

## TENNESSEE RIGHT TO LIFE EDUCATION

Schedule A	(Form 990 or 990-EZ) 2013 FUND, INC.	58-1544801 Page
Part IV	(Form 990 or 990-EZ) 2013 FUND, INC.  Supplemental Information. Provide the explanations required by Part II, line 10; Part II,	line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
	*	
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# 2013 DEPRECIATION AND AMORTIZATION REPORT

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PAGE
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FORM S	990-EZ PAGE 1				İ		990-EZ							
Asset No.	Description	Date Acquired	Method	Life	Noes Noes	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Exnense	Current Year Deduction	Ending Accumulated
34	CHERRY STREET PROPERTY IMPROVEMENTS	07/01/13	150DE	15.00 1	нуп 9 в	5,398.			2,699.	2,699,			2 834	Depirtuation:
35	COMPUTER	07/01/13	200DE	5.00	HW1 9B	1,183.			<ul> <li>EXECUTE A PROPERTY OF A PROPERT</li></ul>	\$91.			7	118.
	* 990-EZ PG 1 TOTAL OTHER					6,581.			3,291.	3,290.	0.		3,544,	253.
	OCCUPANCY, RENT, UTILITIES													
15	COMPUTER	06/01/96	200DB	5.00	HYL 7	881.				881	00		C	0
21	COMPUTER	09/01/00 20008		5,00	HY1.7	3,050.				3,050.	3,050.		0	3,050.
17	SOFTWARE	06/01/00	SL	3.00	91	3,762.				3.762.	3 762.		C	1
18	COMPUTER	04/01/02	200DB		HY1.7	652.				652.	1927		2 0	3,782. 456.
19	COMPUTER	04/01/02	200DB	5.00 E	HY1.7	1,708.				1 708	301		•	
20	TELEVISION	04/01/02 200DB	40-40-4004-49-40-	resinguerane	17	469.					328.		.0	1,196.
21	COPIER	11/01/02	200DB 5	5.00 H	HY1 7	1,100.				1 100	C & &		ς	o o
22	CONPUTER	07/31/04	200DB 5	5,00 H	HWI 7	10 V 10 THE RESERVE AND ADDRESS OF THE RESERVE A				7000	410.		.0	410.
23	DISPLAY UNIT	07/01/05	200DB 5	5.00 H	HY1 7	1,000.				1 000	1 000	<del></del>	ς.	
24	COMPUTER	10/04/06 20008	12,442,44,45,64,444	5,00 B	RM17	1,015.				1,015.	924.		.0	1,000.
25	DESK	10/04/06	200DB 7	7.00 H	HW17	400.				400	352.		æ	37.0
26	TABLE	10/04/06	200DB 7	7.00 H	HM1.7	160.				160.	140.	Walter Company		147.
27	LOVESEAT	10/04/06	200DB 7	7.00 н	нхд 7	388.				388.	342.		-17	9 20 60 60 60 60 60 60 60 60 60 60 60 60 60
28	COPIER	11/01/02 200DE	and the second second second	5,00 H	E T	706.			The second secon	706.	122.		0	122
328111 05-01-13					Ð	(D) - Asset disposed	pesc		*	TC, Salvage, E	* ITC, Salvage, Bonus, Commercial Revitalization Declirotion	rcial Bevitaliz	ation Deducti	6

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 2013 DEPRECIATION AND AMORTIZATION REPORT

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PAGE
990-EZ
FORM

POKE	FORM 390-EZ PAGE 1				ł		990-EZ	2						
Asset No.	Description	Date Acquired	Method	Life	رة د د ع ه د	Unadjusted No. Cost Or Basis	Bus is % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29	COMPUTER	07/01/11	200DB	5.00	H	7 1,630.			1,630,				c	
30	COMPUTER	07/01/12 200DB	20008	2,00	##T7				171.	170.	34.		54.	.88
31	EQUIPMENT	07/01/12 200DB	200DB	5.00	HAT 1	1 478			739	925				
32	CHERRY STREET PROPERTY IMPROVEMENTS	07/01/12 150DB 15.00	15008	15,00		13			.006,3	.006,3	345.		236. 656.	384.
33	CHERRY STREET PROPERTY	01/01/12	L)			6 440				4 4 4				
	* 990-EZ PG 1 TOTAL OCCUPANCY, RENT, UTILITIES * GRAND TOTAL 990-EZ PG 1					39,680	•		9,440.	30,240.	14,370,		988.	15,358,
	DEPR					46,261	•		12,731.	33,530.	14,370.		4,532.	15,611.
			A Comment of the Comm											
										The state of the s	Leave and the second se			
										Control of the Contro				
328111 05-01-13						(D) - Asset disposed	pesods		*	* ITC, Salvage, Bonus.	Bonus, Comme	ercial Revitation	Commercial Bevitalization Deduction GO Zono	GO 7000

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## SCHEDULE O (Form 990 or 990-EZ)

(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

omplete 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.

2013
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 TENNESSEE RIGHT TO LIFE EDUCATION FUND, INC.

Employer identification number 58-1544801

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME 129. FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: GRANT GRANTEE NAME: GRACE PREGNANCY RESOURCE CENTER GRANTEE ADDRESS: 409 WELSHWOOD DRIVE NASHVILLE, TN 37211 GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH DATE OF GIFT: VARIOUS AMOUNT GIVEN: 975. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 975. FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE: DESCRIPTION OF EXPENSES: AMOUNT: DEPRECIATION 4,532. OTHER EXPENSES 9,260. TOTAL TO FORM 990-EZ, LINE 14 13,792. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: SUPPLIES 1,829. TRAVEL 2,415. ADMINISTRATIVE 1,197. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

## **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.

2013 Open to Public Inspection

OMB No. 1545-0047

reganization TENNESSEE RIGHT TO LIFE EDUCATION Emplo

Name of the organization **Employer identification number** FUND, INC. 58-1544801 BOOTH FEES 4,719. ADVERTISING 11,800. LITERATURE 11,490. PRO-LIFE PROGRAMS 33,495. ORATORY CONTESTS 4,037. LICENSES & PERMITS 267. WEBSITE FEES 1,887. TOTAL TO FORM 990-EZ, LINE 16 73,136. FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS: CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT: 2012 PRIOR PERIOD ADJUSTMENT -50. FORM 990EZ, PART I, LINE #12: THE TENNESSEE RIGHT TO LIFE EDUCATION FUND PAYS A PERCENTAGE OF SALARIES OF EMPLOYEES OF TENNESSEE RIGHT TO LIFE, A SEPARATELY 501(C)(4) INCORPORATED ORGANIZATION. THE TENNESSEE RIGHT TO LIFE EDUCATION FUND REIMBURSES TENNESSEE RIGHT TO LIFE FOR THE PERCENTAGE OF WAGES THAT IS APPLIED TOWARDS EDUCATIONAL OUTREACH. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR OTHER DEPRECIABLE ASSETS 8,231. 10,281. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TENNESSEE RIGHT TO LIFE EDUCATION FUND, INC. EDUCATES AND INFORMS THE PUBLIC CONCERNING

Schedule O (Form 990 or 990-EZ) (2013)

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

332211

## **SCHEDULE 0**

(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 Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/torm990
TENNESSEE RIGHT TO LIFE EDUCATION Emplo

FUND, INC.

Employer identification number 58-1544801

PROMOTING, UPHOLDING AND SUPPORTING REVERENCE AND RESPECT FOR HUMAN
LIFE WITHOUT REGARD TO CONDITION, QUALITY, AGE, RACE, RELIGION, CREED
OR COLOR, WHETHER BORN OR UNBORN.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
EDUCATE TENNESSEANS ABOUT SANCTITY OF HUMAN LIFE THROUGH
EDUCATIONAL OUTREACH BOOTHS AT OVER 100 LOCAL COMMUNITY
EVENTS, SPONSOR ANNUAL HIGH SCHOOL ORATORY CONTEST WITH AN
AVG OF 120 CONTESTANTS ACROSS TN, & COORDINATE MEDIA CAMPAIGNS IN
NEWSPAPERS, BILLBOARDS, RADIO & INTERNET.
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:
PROMOTE SANCTITY OF HUMAN LIFE THROUGH EVENTS THROUGHOUT
THE YEAR ACROSS TN INCLUDING MEMORIALS IN 5 CITIES,
PRO-LIFE SPEAKERS AT EVENTS ACROSS THE STATE, AND
PROVIDING SPEAKERS TO OVER 175 CHURCHES DURING THE YEAR.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** 990-EZ (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

Sequence No. 179

TEMMEQUE DIGHT TO

Business or activity to which this form relates

Identifying number

FU	ND, INC.		FO	RM 990-E	Z PAGE	1	58-1544801
Pa	rt 1 Election To Expense Certain Pro	perty Under Section 1	79 Note: If you have any i	isted property,	complete Pai	rt V before y	ou complete Part I.
	Maximum amount (see instructions)	**********************				1	500,000
2	the property placed in derived (acc institutions)						
3	hreshold cost of section 179 prope	3	2,000,000				
	Reduction in limitation, Subtract line						
	r limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions						
6	(a) Description of property (b) Cost (business use only) (c) Elected cos						
	***************************************				······································		
7 (	inted manager Pate the second of	. 1: 00					
	isted property. Enter the amount fro			<u></u>			
9 1	otal elected cost of section 179 pro	perty. Add amounts	in column (c), lines 6 and	a /		8	
10 0	entative deduction. Enter the small	9 10					
11 E	Carryover of disallowed deduction from line 13 of your 2012 Form 4562						
10 0	<ul> <li>Business income limitation. Enter the smaller of business income (not less than zero) or line 5</li> <li>Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11</li> </ul>						
13 (	arryover of disallowed deduction to	2014 Add lines 0 a	do not enter more than I	ine 11		12	
Note	Do not use Part II or Part III below	for listed property Ir	nd Tu, less line TZ	13			
Par				ide listed prope	etu l		
	pecial depreciation allowance for qu						
					~		3,291.
the tax year  15 Property subject to section 168(f)(1) election						14 15	3,491.
46 Other department in the trailing to the trailing of Other							***
	t III MACRS Depreciation (Do	not include listed pro	operty.) (See instructions	1		16	
			Section A	7	······································		
17 N	ACRS deductions for assets placed	in service in tax ve	ars beginning before 201	3		17	988.
	ou are electing to group any assets placed in s						
			During 2013 Tax Year			ation Syste	·m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	1	(g) Depreciation deduction
19a	3-year property				**********		
b	5-year property	7	591.	5 YRS.	HY	200DB	118.
С	7-year property						
d	10-year property						
e	15-year property		2,699.	15 YRS.	HY	150DB	135.
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		//		27.5 yrs.	ММ	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
<u></u>					MM	S/L	
	Section C - Assets	Placed in Service I	Ouring 2013 Tax Year U	sing the Altern	ative Depre	ciation Syst	em
20a	Class life	_  _ L				S/L	
b	12-year			12 yrs.		S/L	
C	40-year	/		40 yrs.	MM	S/L	
Parl							
	sted property. Enter amount from lin					21	
	tal. Add amounts from line 12, lines						_
Er	ter here and on the appropriate line	s of your return, Par	tnerships and S corporat	tions · see instr.	*******************	22	4,532.
	r assets shown above and placed in					] :	
316251	rtion of the basis attributable to sec			23			
12-19-13	<ul> <li>LHA For Paperwork Reduction</li> </ul>	n Act Notice, see s	eparate instructions.				Form 4562 (2013)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI | Amortization (a) (b) (c) (e) <del>(f)</del> Date amortization Amortizable amount Amortization begins 42 Amortization of costs that begins during your 2013 tax year: 43 Amortization of costs that began before your 2013 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 316252 12-19-13

Form 4562 (2013)