990 Form

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 2016 Open to Public Inspection

<u>A</u> _	For the	he 2016 c		6/01/16 , and ending $05/31$,	/17		
В	Check if	applicable:	C Name of organization			D Employer	identification number
	Address	change	PRO-LIFE A	ACTION LEAGUE, INC.			
П	Name ch	hange	Doing business as			36-3	081086
			Number and street (or P.O. box if mail is not delivere	A 122 A 12	Room/suite	E Telephon	
	Initial ret	Market Land	City or town, state or province, country, and ZIP or for			1/3-	777-2900
	terminate		Annual State Committee of the Committee	20 0 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0			
\Box	Amende	ed return		IL 60646		G Gross rece	eipts\$ 846,447
П			F Name and address of principal officer:		H(a) Is this a gr	oun return for su	ubordinates? Yes X No
	Applicati	tion pending	ANN SCHEIDLER		in(a) is this a give	oup rotuin for st	
					H(b) Are all sub	oordinates inclu	uded? Yes No
					If "No,	" attach a list.	see instructions)
1_	Tax-exe	empt status:		(insert no.) 4947(a)(1) or 527			
J	Websit	te: ▶ P	ROLIFEACTION.ORG		H(c) Group exe	emption numbe	•
K	Form of	f organization:	X Corporation Trust Association	Other ► L	Year of formation:		M State of legal domicile: IL
P	art I	Su	mmary	•			•
	1	Briefly de	scribe the organization's mission or most	significant activities:	MATTER ARREST AND ADDRESS OF THE SECOND SECO		
ø			EMINATION OF PRO-LIFE IN				
anc							
Activities & Governance		*					
Š	2	Check thi	s box if the organization discontinue	ed its operations or disposed of more than	25% of its net as	eets	
Ü			of voting members of the governing body (I	5 () (1 ()		1 - 1	9
S				Part VI, line 1a) erning body (Part VI, line 1b)			7
ij	5	Total num	ther of individuals employed in calendar w	ear 2016 (Part V, line 2a)		5	15
÷			ber of volunteers (estimate if necessary)			6	0
ď			elated business revenue from Part VIII, col				
						7a	0
_	b	Net unles	ated business to able income from Form	90-1 11110	Prio Ye	. 7b	Current Year
2000	8	Contributi	ons and grants (Pert VIII, line 11)		1,02	-	766,216
ne			service revenue (Part VIII, line 2g)		7,02	0 132	7007210
Revenue			nt income (Part VIII, column (A), lines 3, 4	and 7d)		1,377	117
Re			enue (Part VIII, column (A), lines 5, 4			7,787	
						4,842	76,227
-	Y DODAN X			Part VIII, column (A), line 12)	1,04	4,042	842,560
			d similar amounts paid (Part IX, column (A		0		
			paid to or for members (Part IX, column (A	4.5	4 650	164 045	
es	15	Salaries,	other compensation, employee benefits (P	45	4,658	464,245	
xpenses	16a	Profession	other compensation, employee benefits (F nal fundraising fees (Part IX, column (A), I Iraising expenses (Part IX, column (D), line			0	
хb							
ш			enses (Part IX, column (A), lines 11a–11d			0,484	465,131
				X, column (A), line 25)		5,142	929,376
- 10	19	Revenue	less expenses. Subtract line 18 from line	12		9,700	-86,816
Net Assets or Fund Balances		T ()	. (D .) (B .)		Beginning of Cu		End of Year
SSe	20				28	2,105	195,515
let A	21					964	1,190
		17711	s or fund balances. Subtract line 21 from I	ine 20	28	1,141	194,325
	art II		nature Block				
Uı	nder pe	enalties of p	erjury, I declare that I have examined this retur	n, including accompanying schedules and stater	ments, and to the b	est of my kno	owledge and belief, it is
tru	ue, con	rect, and co	implete. Declaration of preparer (other than office	cer) is based on all information of which prepare	r has any knowledg	je.	
		_					
Sig	jn 💮	Si	gnature of officer			Date	
He	re		JOSEPH M. SCHEIDLER	EXEC	UTIVE		
		Ту	pe or print name and title				
		Print/Type	preparer's name	Preparer's signature	Date	Check	if PTIN
Paid	d	VINCEN'	r M. MAROTTA, CPA		11/30	/17 self-em	ployed P00227337
Pre	parer	Firm's nan		OTTA & ASSOCIATES, LT		irm's EIN	36-4215777
Use	Only		22 CALENDAR CO			בווז ר	3
		Firm's add		60525		hone no.	708-848-9100
May	the IF		s this return with the preparer shown above		L		Yes No

	m 990 (2016) PRO-LIFE ACTION LEAGUE, INC. 36-3081086	Page 2
P	Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III	21
	DISSEMINATION OF PRO-LIFE INFORMATION	
_	DIDDIMINITION OF THE DITT INFORMATION	
2		
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3		T
		X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	the total expenses, and revenue, it any, for each program convice reported.	
4a	a (Code:) (Expenses \$ 706,965 including grants of \$) (Revenue \$)
	DISSEMINATION OF PRO-LIFE INFORMATION	
	• • • • • • • • • • • • • • • • • • • •	

	·	
	F	
	2.42.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	

4b	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·	
	F	
	<u> </u>	
	Note to the contract of the co	

	*	
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	*,,	
	<u> </u>	
	*	
	<u> </u>	
4d	d Other program services (Describe in Schedule O.)	
	(Expenses \$ 10,647 including grants of \$) (Revenue \$)	
10	Total program service expenses 717 612	

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Λ	Х
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		х
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,	_		v
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		_X_
o	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		х
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		- 21
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for 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.			
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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	441-		х
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
-	reported in Part V. line 162 If "Vee." complete Schodule D. Part IV	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			50000
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_ <u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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	441		х
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
10	for any foreign appointing 2 If "Voo" appoints Calculate Colorate 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	13		- 22
	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			
03/5/	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2016) PRO-LIFE ACTION LEAGUE, INC. Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more beguited facilities? If "Vee " complete Schedule H	20-	Yes	No X
b.va	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_^
1	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		-
	democtic government on Part IV, column (A), line 12 If "Voc." complete School de I. Darte Land III.	24		2
2	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		-
۷.	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
3	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			١.
	employees? If "Yes," complete Schedule J	23		1
a	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		L
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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		Г
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Г
	transaction with a disqualified person during the year? If "Vee" complete Schodule I. Port I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		\vdash
•	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		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		H
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		-
	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		
	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):			
l	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		١
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		r
		30		
	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	-	H
	Part I	31		L
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		L
	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		L
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		L
l	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			Г
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Γ
	related exemination? If "Vee " complete Schoolule D. Dert V. line ?	36		8
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		H
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		
	Part VI	37		
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	policina		
	19? Note. All Form 990 filers are required to complete Schedule O.	38		1

Form 990 (2016) PRO-LIFE ACTION LEAGUE, INC.

Part V Statements Regarding Other IRS Filings and 3 Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this

	Check it Schedule O contains a response of note to any line in this Part V					
12	Enter the number reported in Roy 3 of Form 1006. Enter 0, if not applicable	10	0		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	_ ID	0	-		
C	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i		. 10		
La	Statements, filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			- 20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	0)		3a	*********	x
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i>	Ω		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		tv	.		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		,			
	account)?			4a		х
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					
	(FBAR).					
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 transa	ction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5.5		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit 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 contribution	ons or				
	gifts were not tax deductible?	***		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
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
b				. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				223
	required to file Form 8282?	AND THE SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDR		. 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			. 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			. 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	ed by th	ne			
•	sponsoring organization have excess business holdings at any time during the year?			. 8		
9	Sponsoring organizations maintaining donor advised funds.					
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:	10a				
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		-		
b 11	Section 501(c)(12) organizations. Enter:	LIUD		-		
		11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources	IIa		-		
b	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	<u> </u>			
а	le the experientian licensed to issue qualified health plane in prove they are state?			13a	*******	1
4	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					
sex	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	42-				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.			. 14b		

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 Section 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 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 O. 7 Enter the number of voting members included in line 1a, above, who are independent 1b 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? 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? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 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 exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: PRO-LIFE ACTION LEAGUE 6160 NORTH CICERO AVENUE

773-777-2900

IL 60646

CHICAGO

DAA

Form 990 (2016)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated 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.

Check this box if neither the organization	anization nor an	y rela	ited	orga	niza	tion co	mp	ensated any current office	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for	off	Position on the check more than one x, unless person is both an icer and a director/trustee)			s both an r/trustee)	n)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)		organization and related organizations
(1) JASON ELDER										
BOARD MEMBER	0.00	x						0	0	0
(2) CHRISTOPHER CARI	I									
*	0.00						-			
BOARD MEMBER	0.00	X					_	0	0	0
(3) CHRIS IVERSON	0.00									
BOARD MEMBER	0.00	X						0	0	0
(4) MARK VOISSEM										
BOARD MEMBER	0.00	x						0	0	0
(5) HENRY DAVISON									The second second	
BOARD MEMBER	0.00	x						0	0	0
(6) EUGENE CARTER	0.00	A					\dashv	0	0	0
(6) _ 6 6 _ 1	0.00									
BOARD MEMBER	0.00	X						0	0	0
(7) ANN SCHEIDLER										=
SECRETARY	40.00			x				49,876	0	5,324
(8) JOSEPH M. SCHEII				21				15/070		3/321
(0,000=================================	40.00								at .	
EXECUTIVE	0.00			Х				42,876	0	324
(9) ERIC J. SCHEIDLI										
3 4444444444444444444444444444444444444	40.00									
EXECUTIVE DIRECTOR	0.00					Х	-	116,781	0	2,768
(10)										
(11)										
3 (1411) (1411) (1411) (1411) (1411)										

Pa	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	d Employees (continued)	
(A) Name and title		(B) Average hours per week (list any hours for related	(C) Position (do not check more than or box, unless person is both a officer and a director/truste						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
-		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
2											
	Sub-total							>	209,533		8,416
c d	Total from continuation sheet Total (add lines 1b and 1c)								209,533		8,416
2	Total number of individuals (in reportable compensation from	cluding but not l	imite	ed to				abov	ve) who received more than	\$100,000 of	
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ	ormer officer, dir complete Schede 1a, is the sum nizations greater	ecto dule of re thar	r, or <i>J for</i> port	<i>suc</i> able 50,00	h ind com 00? i	dividu npens If "Ye	ual sations," o	on and other compensation complete Schedule J for su	from the	Yes No
5	individual Did any person listed on line 1	a receive or acc	rue (comp	oens	atioi	n from	m ar	ny unrelated organization of	rindividual	4 X
Sect	for services rendered to the or ion B. Independent Contractor		es,	com	plete	e Sc	hedu	ile J	for such person		5 X
1	Complete this table for your fix compensation from the organi	ve highest comport co	ensa	ited i	inde	pend for t	dent of	cont	ractors that received more	than \$100,000 of	ear.
		(A) business address								(B) tion of services	(C) Compensation
-											
_	Total number of individual		: لمر	, L		De-22	ا اده	41-			
2	Total number of independent of								se listed above) who	•	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or (C) Unrelated exempt function excluded from tax under sections business revenue revenue 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 766,216 \$ 3,500 g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f 766,216 Program Service Revenue Busn. Code 2a f All other program service revenue g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 284 284 Income from investment of tax-exempt bond proceeds Royalties ... 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 1,146 other than inventory b Less: cost or other 1,313 basis & sales exps. -167 c Gain or (loss) -167 d Net gain or (loss) -167 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 22,134 b Less: cost of goods sold 2,574 c Net income or (loss) from sales of inventory -19,560 19,560 Busn. Code Miscellaneous Revenue 11a SETTLEMENT FROM LAWSUIT 56,667 56,667 d All other revenue e Total. Add lines 11a–11d 56,667 12 Total revenue. See instructions. 842,560 -167 76,511

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Check if Schedule O contains a respor	nse or note to any line in th	nis Part IX		
	not include amounts reported on lines 6b, Bb, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		*		
J	trustees, and key employees	98,400	88,400	6,500	3,500
6	Compensation not included above, to disqualified	50,100	00,100	0,300	3,300
U	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	222 150	264 240	EE 010	12 000
7	Other salaries and wages	333,159	264,240	55,919	13,000
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	32,686	28,110	4,576	
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,000	2,000		
С		13,171		13,171	
d		-			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q					
3	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,788	1,788		•
13	Office expenses	4,705	4,705		
14	Information technology	17703	1,705		
15	Povalties				7
16	Royalties	78,462	54,635	23,046	781
	Occupancy	5,938	5,938	23,040	701
17	Travel	5,936	5,936		
18	Payments of travel or entertainment expenses			4. 72.	
	for any federal, state, or local public officials	4 101	4 101		Ψ
19	Conferences, conventions, and meetings	4,121	4,121	104	
20	Interest	124		124	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,647	10,647		
23	Insurance	96,085	83,078	13,007	
24	Other expenses. Itemize expenses not covered				
	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 O.)				
а	PRINTING & PUBLICATIONS	104,717	55,978	2,939	45,800
b	POSTAGE AND SHIPPING	36,129	23,026		13,103
С	MEDIA SUPPORT	22,586	22,586		
d	PRINTING PLAL NEWSPAPER	15,482	15,482		1 (M.1) =
е	All other expenses	69,176	52,878	10,421	5,877
25	Total functional expenses. Add lines 1 through 24e	929,376	717,612	129,703	82,061
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2016)

-	Check if Schedule O contains a response or r	iote to any line ii	Tulis Fail A			/p:	
				(A) Beginning of year		(B) End of year	
1	Cash—non-interest bearing			134,119	1	60,544	
2	Savings and temporary cash investments				2		
3	Pledges and grants receivable, net				3		
4	Accounts receivable, net				4		
5	Loans and other receivables from current and former	er officers, directo	ors,				
	trustees, key employees, and highest compensated						
	Complete Part II of Schedule L		5				
6	Loans and other receivables from other disqualified						
	4958(f)(1)), persons described in section 4958(c)(3)	(B), and contribu	ting employers and				
	sponsoring organizations of section 501(c)(9) volun	. 200					
		organizations (see instructions). Complete Part II of Schedule L					
7	Notes and loans receivable, net			7			
8	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	132,701				
b	Less: accumulated depreciation	10b	113,622	27,495	10c	19,079	
11	Investments—publicly traded securities				11	2,286	
12	Investments—other securities. See Part IV, line 11		12				
13	Investments—program-related. See Part IV, line 11			13			
14	Intangible assets			14			
15	Other assets. See Part IV, line 11		120,491	15	113,606		
16	Total assets. Add lines 1 through 15 (must equal li	ne 34)		282,105	16	195,515	
17	Accounts payable and accrued expenses				17		
18	Grants payable			18			
19	Deferred revenue			19			
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Complete Part	IV of Schedule I)		21		
22	Loans and other payables to current and former offi						
	trustees, key employees, highest compensated em						
	disqualified persons. Complete Part II of Schedule				22		
23	Secured mortgages and notes payable to unrelated	third parties			23		
24	Unsecured notes and loans payable to unrelated th	ird parties			24		
25	Other liabilities (including federal income tax, payab						
	parties, and other liabilities not included on lines 17			23 100			
	of Schedule D	A 15	1	964	25	1,190	
26				964	26	1,190 1,190	
	Organizations that follow SFAS 117 (ASC 958), o						
	complete lines 27 through 29, and lines 33 and						
27	Unrestricted net assets			281,141	27	194,325	
28	Temporarily restricted net assets				28		
29					29		
	Organizations that do not follow SFAS 117 (ASC	958), check he	re ▶ and				
	complete lines 30 through 34.						
30					30		
31	Paid-in or capital surplus, or land, building, or equip	ment fund			31		
32	Retained earnings, endowment, accumulated incom				32		
33	Total net assets or fund balances			281,141	33	194,325	
-	Total liabilities and net assets/fund balances			282,105		195,515	

Pa	art XI Reconciliation of Net Assets			
300 101 101	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)		_	560
2	Total expenses (must equal Part IX, column (A), line 25)			376
3	Revenue less expenses. Subtract line 2 from line 1			816
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	28	31,	141
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B)) 10	19	94,	325
P	art XII Financial Statements and Reporting			
sta svoriblatiske	Check if Schedule O contains a response or note to any line in this Part XII			
		C	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	X 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 basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	rytainas00		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2016)

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.

OMB No. 1545-0047

Open to Public Inspection

► 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.

gov/form990. Inspection

Employer identification number

			PRO-LIFE ACT	TION LEAGUE,	INC.		36-308	1086					
Pa	art I	Reas	on for Public Charity	Status (All organiz	zations must co	omplete	this part.) See instruction	ns.					
he	orga	nization is not	a private foundation because	se it is: (For lines 1 thro	ugh 12, check only	y one box	.)						
1	Ň		nvention of churches, or ass										
2	Ħ		cribed in section 170(b)(1)(, , , , , , , , , , , , , , , , , , ,						
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	П					이번 회의 (1994) 경기	n 170(b)(1)(A)(iii). Enter the he	ospital's name.					
		city, and state	127										
5		21 10 10 10 10 10 10 10 10 10 10 10 10 10		of a college or university	v owned or operat	ed by a g	overnmental unit described in						
Ŭ			section 170(b)(1)(A)(iv). (Complete Part II.)										
6	П	the part of the comment of the state of	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
850			section 170(b)(1)(A)(vi). (C				2						
8		A community	trust described in section	170(b)(1)(A)(vi). (Comp	lete Part II.)								
9	П	450				ed in conj	unction with a land-grant collection	ge					
		A SAME OF THE PROPERTY OF	(1888 - 1885 - 1885) - 1885 (1986 - 1885) - 1885) - 1885 (1986 - 1885) - 1885 (1986 - 1885) (1986 - 1886) (19				ty, and state of the college or						
10		200	ion that normally receives: ((1) more than 33 1/3% o	f its support from	contribution	ons, membership fees, and gro	oss					
							2) no more than 33 1/3% of its						
			gross investment income ar										
			he organization after June 3		16 18 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
11	H	A CONTRACTOR OF THE PROPERTY O	on organized and operated										
12	Ш			ing a samula da an	AND SANDONE AND AND SOUTH STATES AND SOUTH		ns of, or to carry out the purpo						
	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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
	a 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.												
	b	Type II.	A supporting organization su	upervised or controlled i	n connection with	its suppo	rted organization(s), by having						
		control or	r management of the suppor	orting organization veste	d in the same pers	sons that	control or manage the supporte	ed					
		organizat	tion(s). You must complete	e Part IV, Sections A a	nd C.								
	С						n, and functionally integrated w	ith,					
			rted organization(s) (see ins					/- \					
	d						n with its supported organizatio requirement and an attentivene						
			ent (see instructions). You r				• *************************************	555					
	е		is box if the organization rec	SA TORINA SA									
	Ŭ		Illy integrated, or Type III no					· ·					
	f	Enter the nur	mber of supported organizat	tions									
	g	Provide the fo	ollowing information about the	the supported organizati	on(s).		(
(i		e of supported	(ii) EIN	(iii) Type of organizat		organization	(v) Amount of monetary	(vi) Amount of					
	org	ganization		(described on lines 1- above (see instruction	10 9	ur governing ment?	support (see instructions)	other support (see instructions)					
				above (see instruction	Yes	No	matractions)	mandenons)					
(A)					1.00								
(~)													
(B)													
(C)													
100 AS													
(D)													
(E)													

Schedule A (Form 990 or 990-EZ) 2016 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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 992,857 914,422 839,620 1,028,432 766,216 4,541,547 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 992,857 914,422 839,620 1,028,432 766,216 4,541,547 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) Public support. Subtract line 5 from line 4. 4,541,547 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 992,857 914,422 839,620 1,028,432 766,216 4,541,547 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 9,430 603 284 10,993 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 14,440 15,071 78,801 138,448 11 Total support. Add lines 7 through 10 4,690,988 Gross receipts from related activities, etc. (see instructions) 12 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 96.81% 15 Public support percentage from 2015 Schedule A, Part II, line 14 98.30% 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 33 1/3% support test-2015. 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—2016. 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 10%-facts-and-circumstances test—2015. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 PRO-LIFE

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				, ,		,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support		1				<u> </u>
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		1			(-)	(7, 11
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						
С	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						
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.)						100000000000000000000000000000000000000
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax vea	ar as a section 50	1(c)(3)	<u></u>
	organization, check this box and stop her	1000	· · · · · · · · · · · · · · · · · · ·	15		(5, 5),5, (5)	▶
Sec	tion C. Computation of Public S	upport Percen	itage				
15	Public support percentage for 2016 (line 8	3, column (f) divide	ed by line 13, colum	ın (f))		15	%
16	Public support percentage from 2015 Sch					16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2016 (I			, column (f))			%
18	Investment income percentage from 2015						%
19a	33 1/3% support tests—2016. If the orga						L [
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2015. If the orga			All and the second			
D	line 18 is not more than 33 1/3%, check the						•
20	Private foundation. If the organization di						

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes;" and if you checked 12a or 12b 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 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.
- Did the organization support any foreign supported organization that does not have an IRS determination 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u		30		
	h		Ja		
	-		3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		ons	DOO Page (
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	4-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		e
instructions. All other Type III non-functionally integrated supporting organization	ons must comple	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally inte	grated Type III	supporting organization (s	see
instructions).	- 500		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos			
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 suppo			
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 organiza	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b	From 2013			
	5 0044			
	F 0045			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
Company (According	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	III, line 12; Part B, lines 1 and 2 3a and 3b; Part lines 2, 5, and 6	Information. Pro IV, Section A, line 2; Part IV, Section 5 V, line 1; Part V, 6. Also complete the	es 1, 2, 3b, 3c, 4 C, line 1; Part I\ Section B, line 1 his part for any a	tions require b, 4c, 5a, 6, /, Section D e; Part V, S additional inf	ed by Part II, line 9a, 9b, 9c, 11a , lines 2 and 3; F ection D, lines 5	36-3081086 e 10; Part II, line 17a c , 11b, and 11c; Part IV Part IV, Section E, line 6, 6, and 8; and Part V instructions.)	V, Section es 1c, 2a, 2b,
PART I	1, LINE 10	- OTHER IN	COME DETA	[L			
OTHER	INCOME	*********		\$	59,647		

							. 61 (61) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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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.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
	O-LIFE ACTION LEAGUE, INC.		36-3081086
Pa	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or	unds or Other Similar Funds or n Form 990, Part IV, line 6.	Accounts.
		(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 writing the		
	funds are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	till Conservation Easements. Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically im	portant land area
	Protection of natural habitat	Preservation of a certified histor	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con-	servation contribution in the form of a cons	servation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure in	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/1	7/06, and not on a	
			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organiz	ation during the
	tax year ▶		
4	Number of states where property subject to conservation easement i		
5	Does the organization have a written policy regarding the periodic mo		П. П.
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations, and enforcing conservation ease	ements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisf	y the requirements of section 170(h)(4)(B)	n(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease	ments in its revenue and expense stateme	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements that	describes the
	organization's accounting for conservation easements.		
Pa	TIII Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" or		Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)	, not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furt	herance of
	public service, provide, in Part XIII, the text of the footnote to its finar		
b	If the organization elected, as permitted under SFAS 116 (ASC 958)	, to report in its revenue statement and bal	lance sheet
	works of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furt	therance of
	public service, provide the following amounts 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 treasures,		rovide the
	following amounts required to be reported under SFAS 116 (ASC 95	8) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Sche	edule D (Form 990) 2016 PRO-LIFE	ACTION LE	AGUE, INC.		36-3081	086		Page 2
Pa	ırt III Organizations Maintainir	ng Collections of	Art, Historical	Treasures,	or Other Sim	ilar Assets	(continu	
3	Using the organization's acquisition, acces collection items (check all that apply):						,	
а	Public exhibition	d	Loan or exchange p	rograms				
b	Scholarly research	е	Other	A 100				
С	Preservation for future generations							
4	Provide a description of the organization's	collections and explai	n how they further th	e organization	's exempt purpos	e in Part		
	XIII.	concentration and explain	in now they farther th	o organization	o exempt purpos	o iii i ait		
5	During the year, did the organization solicit	or receive donations	of art, historical treas	sures, or other	similar			
888****	assets to be sold to raise funds rather than		part of the organizati	on's collection	?		Yes	No
۲ŧ	Escrow and Custodial A		" F 000 F) - 1 N/ II	0	•	_	
	Complete if the organization 990, Part X, line 21.	n answered Yes	on Form 990, F	Part IV, line	9, or reported	an amount o	on Form	
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for contributions	s or other asse	ets not			
	included on Form 990, Part X?		1776				Yes	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing table:					
							Amount	
С	Beginning balance					1c		-
d	Additions during the year					1d		
е	Distributions during the year					1e		
f						1f		
2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for escrow or co	ustodial accou	nt liability?		Yes	No
	If "Yes," explain the arrangement in Part XI							
Pa	ert V Endowment Funds.							
	Complete if the organization	n answered "Yes	<u>" on Form 990, F</u>	Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two ye	ars back (d) T	hree years back	(e) Four	ears back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
	programs							
f	Administrative expenses					V 800-1550 - 1.00 - 2.00 - 11107-15.200		
	End of year balance							
	Provide the estimated percentage of the cu	rrent year end balanc	e (line 1g, column (a	i)) held as:				
а	Board designated or quasi-endowment ▶	%						
	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.						
3a	Are there endowment funds not in the poss	ession of the organization	ation that are held ar	nd administere	d for the	+		
	organization by:						[·	res No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	ired on Schedule R?					
4	Describe in Part XIII the intended uses of the							
Pa	rt VI Land, Buildings, and Equ							
	Complete if the organization	n answered "Yes	" on Form 990, F	Part IV, line	11a. See Forr	n 990, Part X	K, line 10).
	Description of property	(a) Cost or other	basis (b) Cost of	or other basis	(c) Accumula	ted	(d) Book va	alue
		(investment)	(0	other)	depreciation	n		
1a	Land							
b	Buildings							
С	Leasehold improvements							
	Equipment							
	Other			132,701	113	3,622	1	9,079
	Add lines 1a through 1e (Column (d) must		t X. column (B) line	100)				9 079

	Complete if the organization answered these	on Form 990. Parriv iin	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives	MARK .	
	eld equity interests		
		200	
		(4 W)	
(B)			
(E)		8/82/	
(F)			
(G)			
(1.1)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)	FIXED VARIABLE ANNUIT	יע דאריעכראז	
(2)		TY - JACKSON	
1222	SECURITY DEPOSIT	II - UACKSON	
(3)	SECURITY DEPOSIT	II - UACKSON	
(4)	SECURITY DEPOSIT	II - UACKSON	
(4) (5)	SECURITY DEPOSIT	II - UACKSON	
(4) (5) (6)	SECURITY DEPOSIT	II - UACKSON	
(4) (5) (6) (7)	SECURITY DEPOSIT	II - UACKSON	
(4) (5) (6) (7) (8)	SECURITY DEPOSIT	II - UACKSON	
(4) (5) (6) (7) (8) (9)		II - UACKSON	7,245
(4) (5) (6) (7) (8) (9)	SECURITY DEPOSIT in (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	II - UACKSON	7,245
(4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		7,245 → 113,606
(4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		7,245 → 113,606
(4) (5) (6) (7) (8) (9) Total. (Column Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes"		7,245 → 113,606
(4) (5) (6) (7) (8) (9) Total. (Colum. Part X	on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, Iin	7,24! 113,600 e 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) EMPLO	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability income taxes OYEE 401K PAYABLE	on Form 990, Part IV, lin	7,245 113,606 e 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) EMPLO (3) ROUNI	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability income taxes OYEE 401K PAYABLE	on Form 990, Part IV, Iin	7,24! 113,600 e 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) EMPLO (3) ROUNI (4)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability income taxes OYEE 401K PAYABLE	on Form 990, Part IV, Iin	7,24! 113,600 e 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) EMPLO (3) ROUNI (4) (5)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability income taxes OYEE 401K PAYABLE	on Form 990, Part IV, Iin	7,24! 113,600 e 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) EMPLO (3) ROUNI (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability income taxes OYEE 401K PAYABLE	on Form 990, Part IV, Iin	7,24! 113,600 e 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) EMPLO (3) ROUNI (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability income taxes OYEE 401K PAYABLE	on Form 990, Part IV, Iin	7,245 113,606 e 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) EMPLO (3) ROUNI (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability income taxes OYEE 401K PAYABLE	on Form 990, Part IV, Iin	
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) EMPLO (3) ROUNI (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability income taxes OYEE 401K PAYABLE	on Form 990, Part IV, Iin	7,245 113,606 e 11e or 11f. See Form 990, Part X,

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) 2016 PRO-LIFE ACTION LEAGUE, Part XI Reconciliation of Revenue per Audited Financial S		-3081086 ue per Return.	Page 4
Complete if the organization answered "Yes" on Form		,	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
- 4 1 1 2 4 1 4 1		4c	
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. 	2.)		
Part XII Reconciliation of Expenses per Audited Financial			
Complete if the organization answered "Yes" on Form		noco per recum.	
Total expenses and losses per audited financial statements		1 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		····	
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
c Other losses d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	[20]	2e	
0 1000 00 00 00 00 00 00 00 00 00 00 00		3	
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 		·····	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
A LL Dromon America Ale		4c	
 Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 	18)		
Part XIII Supplemental Information.	10.,		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Part IV. lines 1b and 2b: Pa	rt V. line 4: Part X. line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
*			
• • • • • • • • • • • • • • • • • • • •			
<u> </u>			*******
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Schedule D ((Form 990) 2016 PRO-LIFE ACTION LEAGUE, INC.	36-3081086	Page 5
Part XIII	(Form 990) 2016 PRO-LIFE ACTION LEAGUE, INC. Supplemental Information (continued)		

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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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	PRO-LIFE ACTION LEAGUE, INC.	36-3081086
	FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT	
	DISSEMINATION OF PRO-LIFE INFORMATION	
9		
8	FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AM	ONG OFFICERS
	JOSEPH SCHEIDLER	
	PRESIDENT	
8	"FAMILY RELATIONSHIP"	
	ANN SCHEIDLER	
	VICE-PRES	
	"FAMILY RELATIONSHIP"	
	FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
	NO REVIEW WAS OR WILL BE CONDUCTED.	
	FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR T	OP OFFICIAL
	PART VI, SECTION B. POLICIES - 15.	
	A.THE BOARD OF DIRECTORS ASSIGNED TO ANN SCHEIDLER THE D	OUTY OF CHECKING VIA
	990 TAX RETURNS THE SALARY OF CEOS OF FOUR OTHER SIMILAR	R-SIZED NONPROFIT
	ORGANIZATIONS, AND TO REPORT HER FINDINGS TO THE BOARD.	THE BOARD ALSO
	DISCUSSED THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND	THE
	RESPONSIBILITIES OF HIS POSITION. A DECISION AS TO THE C	
	EXECUTIVE DIRECTOR WAS THEN BASED ON ALL THE ABOVE FACTOR	
	TAKING INTO CONSIDERATION A GENERAL COST-OF-LIVING INCRE	
	THE THE CONDITION A GENERAL CODI-OF-BIVING INCRE	*****

Form 4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

chment uence No. 17

Name(s) shown on return Identifying number PRO-LIFE ACTION LEAGUE, INC. 36-3081086 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 3 3 2,010,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 1,116 14 Property subject to section 168(f)(1) election 15 1,799 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property.) (See instructions.) Part III MACRS deductions for assets placed in service in tax years beginning before 2016 1,909 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (f) Method (a) Classification of property placed in (e) Convention (a) Depreciation deduction period service only-see instructions) 19a 3-year property 1,115 200DB 5.0 HY 223 b 5-year property 7-year property d 10-year property 15-year property 20-year property 25 yrs. 25-year property S/L Residential rental 27.5 yrs. property MM S/L 27.5 yrs. MM Nonresidential real 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L b 12-year 40 yrs. S/L c 40-year Part IV Summary (See instructions.) 5,600 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

22

23

10,647

Form 4562 (2016) Pa

art V	Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property
	used for entertainment, recreation, or amusement.)
	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

		Note: For any ve 24b, columns (a	ehicle for which y	ou are using	g the sta	ndard r	nileage r	ate or de	educting le	ease exp	ense, c	omplet	e only 2	4a,		
			—Depreciation							s for limit	s for pa	asseng	er autom	obiles.)		
24a	Do you ha	ve evidence to support th	ne business/investmen	nt use claimed?		X	Yes	No	24b If	"Yes," is	the ev	idence	written?		X Yes	No
	(a) of property ehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or oth			(e) sis for depre usiness/inve use only	stment	(f) Recovery period	(g Meth Conve	nod/		(h) Depreciation		Elected se	ection 179
25	Special	depreciation allow	ance for qualified	d listed prop	erty plac	ed in se	ervice du	ring	•	•						
	the tax	ear and used mor	e than 50% in a	qualified bus	siness u	se (see	instructi	ons)			25					
26	Property	used more than 5	0% in a qualified	d business u	ise:											
2	011 (HEV VAN								*********						
		11/25/15	100.00%	1	7,79	0	17	,790	5.0	200	DBH:	Y	5	,600		
 27	Property	used 50% or less	% in a qualified bu	isiness iise.								1				
	riopert	7 used 50 % of 1033	in a quanned bu	13111C33 G3C.		T										
			%							S/L-						
4			%							S/L-						
28	Add am	ounts in column (h), lines 25 throug	gh 27. Enter	here an	d on lin	e 21, pag	ge 1			28		5	,600		
29	Add am	ounts in column (i)	, line 26. Enter h	ere and on	line 7, pa	age 1								29		
									Vehicles							
	200	section for vehicle													S	
to yo	ur emplo	yees, first answer t	the questions in	Section C to						ng this se	ction fo			S. e)	1 1	f)
				-		a) cle 1	1	b) icle 2	(c) Vehicl	e 3	Vehic			cle 5		cle 6
Total business/investment miles driven during the year (don't include commuting miles)																
													-			
31		mmuting miles dri		ear												
32		her personal (nonc	commuting)													
22	miles dr	iles driven during t	ho year Add													
33		11 1 20														
34		e vehicle available	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
5 4		ing off-duty hours?					1.00	11.0								
35		e vehicle used prim														
		owner or related	5													
36	Is anoth	er vehicle availabl	e for personal us	se?												
			Section C—Que		Employe	ers Wh	o Provid	le Vehic	les for Us	se by The	eir Em	ployees	S			
Ansv	wer these	questions to deter	mine if you meet	t an exception	on to cor	npleting	Section	B for ve	ehicles us	ed by em	ployee	s who a	aren't			
more		owners or related														
37	Do you	maintain a written	policy statement	that prohibi	ts all pe	rsonal u	ise of ve	hicles, ir	ncluding c	ommutin	g, by				Yes	No
	10.00	ployees?														X
38		maintain a written			1.5											37
	/// CO. C.	ees? See the instru					rs, direct	ors, or 1	% or mor	e owners						X
39		treat all use of veh														
40		provide more than														x
		he vehicles, and re							oo lootrus	tions \					-	X
41		meet the requirem	3777													
D	art VI	your answer to 37 Amortization		riis tes, (uon t cor	iipiete (Jection E	אווו וווו וווו	covered v	CHICIES.					<u> </u>	
	Call L. W. F.	Amortizatio	"			T					\Box	(e)	T		(6)	
		(a)		(b Date amo			Amortiz	(c) able amou	nt	(d) Code sect	ion	Amortiza period		Amortiz	(f) ation for thi	is year
		Description of costs		beg					isolder .			percent				
42	Amortiz	ation of costs that	begins during yo	our 2016 tax	year (se	e instru	uctions):									

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during you	our 2016 tax year (see in:	structions):			
13	Amortization of costs that began before yo	ur 2016 tax year			43	
4	Total. Add amounts in column (f). See the	instructions for where to	report		44	

FYE: 5/31/2017 Mth: 5/31/2017

PRO01 Pro-Life Action League, Inc. Federal Asset Report Form 990, Page 1

11/30/2017 7:33 PM

Asset	Description	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
£ 1100 H	CDS Businesters							
121	GDS Property: Computer - Lenovo	8/03/16	1,215	X	607	5 HY 200DB	0	729
122	Computer - Lenovo	1/17/17	1,016	X	508	5 HY 200DB	0	610
			2,231		1,115		0	1,339
1200 50								
	MACRS: File Cabinets	12/07/89	462		462	7 HY 200DB	462	0
12	Furniture - Desk	3/19/90	320		320	7 HY 200DB	320	0
26 27	Furniture Chairs	4/05/98 5/28/98	488 1,940		488 1,940	7 HY 200DB 7 HY 200DB	488 1,940	0
28	Furniture - Credenza	9/28/98	575		575	7 HY 200DB	575	0
	3 Single Sided Roll up-banner System Exhil Fax Machine - Cannon	4/20/01 3/03/98	3,003 2,433		3,003 2,433	7 MQ200DB 5 HY 200DB	3,003 2,433	0 0
59	Furniture - Gently Used	9/17/02	679	X	475	7 HY 200DB	679	0
70 77	Camera Equipment - Helix Projector - Tiger Direct (2 projectors)	4/21/05 10/13/06	1,495 1,578		1,495 1,578	5 MQ200DB 5 HY 200DB	1,495 1,578	0 0
	ABM Office Copier - CS5050	1/25/07	7,933		7,933	5 HY 200DB	7,933	0
	Furniture & Fixtures - 2 chairs & 3 tables Furniture & Fixtures - 3 Desk Chairs	1/15/08 2/12/08	946 678	X X	473 339	7 HY 200DB 7 HY 200DB	946 678	0
(E) (E)	Furniture & Fixtures - 5 Desk Chairs	3/11/08	1,645	X	823	7 HY 200DB	1,645	0
	BookCase - 57th ST	6/09/08	1,590	X	795	7 HY 200DB	1,590	0
	Furniture & Tables - Walter E Smith Camera	6/27/08 10/09/08	1,866 666	X X	933 333	7 HY 200DB 5 HY 200DB	1,866 666	0
92	Computer - Laptop Micro Center - CG Mass Sale: 5/31/17	9/23/08	1,191	X	596	5 HY 200DB	1,191	0
	Fixtures - Office Blinds	2/22/10	1,987	X	993	7 HY 200DB	1,898	89
	Telephone System - Avaya Cameras - 1 Flip Cameras	10/14/09 4/28/11	3,022 375	X	1,511 375	5 HY 200DB 5 HY 200DB	3,022 375	0
101	Computer - Server	2/12/11	1,701		1,701	5 HY 200DB	1,701	ő
102	Computer - Desk Top Mass Sale: 5/31/17	1/10/11	1,095		1,095	5 HY 200DB	1,095	0
	Computer Equipment - Notebook Mass Sale: 5/31/17	3/06/12	787	X	394	5 MQ200DB	749	38
	Computer Equipment - Apple I Pad & Acce Computers - Apple Store I Mac Pro	3/12/12 6/01/12	1,095 8,687	X X	547 4,343	5 MQ200DB 5 HY 200DB	1,043 7,937	52 500
109	Equipment - PA Systems	9/11/12	500	X	250	5 HY 200DB	457	29
	Computer Equipment - Canon 7D Computer - Audio Tech - Band H	2/15/13 4/30/13	1,500 1,127	X X	750 563	5 HY 200DB 5 HY 200DB	1,370 1,030	87 65
	Computer - Apple I I Mac Pro	2/19/13	1,804	X	902	5 HY 200DB	1,648	104
	Computers - Micro Camera & Phone	6/19/13 10/21/14	2,447 724	X	1,223 724	5 HY 200DB 7 MQ200DB	2,095 299	141 121
117	Computer	3/18/15	802		802	5 MQ200DB	345	183
119	Computer - Apple Mac	12/10/15	3,126	X	1,563	5 HY 200DB	1,875	500
			60,267		42,730		56,427	1,909
, one								
ACRS	<u>:</u> Furniture & Fixtures	6/01/84	7,316		7,316	5 HY PRE	5,037	0
	Total ACRS Depreciation		7,316		7,316		5,037	0
	Depreciation:	0/22/00	2.224	v	1.110	2.1/04	2.226	0
	Software - Adobe Suites Computer Software	9/22/08 6/22/10	2,236 33,966	X	1,118 33,966	3 MOAmort 3 MOAmort	2,236 33,966	0
108	Computer Software - Adobe Systems	6/01/12	2,973	X	1,487	3 MOAmort	2,973	0
118	Software - Metasoft Systems	5/29/15	8,995		8,995	5 MOAmort	1,949	1,799
	Total Other Depreciation		48,170		45,566		41,124	1,799
	Total ACRS and Other Deprec	iation	55,486		52,882		46,161	1,799
Listed 120	Property: 2011 Chev Van	11/25/15	17,790		17,790	5 HY 200DB	3,460	5,600

PRO01 Pro-Life Action League, Inc. Federal Asset Report

11/30/2017 7:33 PM Page 2

FYE: 5/31/2017 Mth: 5/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost 17,790	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior 3,460	<u>Current</u> 5,600
	Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	rs 	135,774 3,073 0 132,701			114,517 2,085 0 112,432		106,048 3,035 0 103,013	10,647 38 0 10,609

FYE: 5/31/2017 Mth: 5/31/2017

IL Asset Report Form 990, Page 1

11/30/2017 7:33 PM

Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
	GOS Property:	0/02/17	1.015	607	0	720	720	0
121 122	Computer - Lenovo Computer - Lenovo	8/03/16 1/17/17	1,215 1,016	607 508	0	729 610	729 610	0
	computer Zenovo		2,231	1,115	0	1,339	1,339	0
		=	2,231	=======================================		1,557	1,337	
.	MA CDC							
Prior 9	MACRS: File Cabinets	12/07/89	462	462	462	0	0	0
12	Furniture - Desk	3/19/90	320	320	320	0	0	0
26 27	Furniture Chairs	4/05/98 5/28/98	488 1,940	488 1,940	488 1,940	0	0	0
28	Furniture - Credenza	9/28/98	575	575	575	0	0	0
29	3 Single Sided Roll up-banner System Exhil		3,003	3,003	3,003	0	0	0
50 59	Fax Machine - Cannon Furniture - Gently Used	3/03/98 9/17/02	2,433 679	2,433 475	2,433 679	0	0	0
70	Camera Equipment - Helix	4/21/05	1,495	1,495	1,495	ő	0	0
77 78	Projector - Tiger Direct (2 projectors)	10/13/06 1/25/07	1,578	1,578	1,578	0	0	0
83	ABM Office Copier - CS5050 Furniture & Fixtures - 2 chairs & 3 tables	1/25/07	7,933 946	7,933 473	7,933 946	0	0	0
84	Furniture & Fixtures - 3 Desk Chairs	2/12/08	678	339	678	0	0	0
85 86	Furniture & Fixtures - BookCase - 57th ST	3/11/08 6/09/08	1,645 1,590	823 795	1,645 1,590	0	0	0
87	Furniture & Tables - Walter E Smith	6/27/08	1,866	933	1,866	0	0	0
89	Camera	10/09/08	666	333	666	0	0	0
92	Computer - Laptop Micro Center - CG Mass Sale: 5/31/17	9/23/08	1,191	596	1,191	0	0	0
96	Fixtures - Office Blinds	2/22/10	1,987	993	1,898	89	89	0
98 100	Telephone System - Avaya	10/14/09 4/28/11	3,022 375	1,511 375	3,022 375	0	0	0
100	Cameras - 1 Flip Cameras Computer - Server	2/12/11	1,701	1,701	1,701	0	0	0
102	Computer - Desk Top	1/10/11	1,095	1,095	1,095	0	0	0
105	Mass Sale: 5/31/17 Computer Equipment - Notebook	3/06/12	787	394	749	38	38	0
	Mass Sale: 5/31/17							
106 107	Computer Equipment - Apple I Pad & Acce Computers - Apple Store I Mac Pro	3/12/12 6/01/12	1,095 8,687	547 4,343	1,043 7,937	52 500	52 500	0
109	Equipment - PA Systems	9/11/12	500	250	457	29	29	0
111	Computer Equipment - Canon 7D	2/15/13	1,500	750	1,370	87	87	0
112 113	Computer - Audio Tech - Band H Computer - Apple I I Mac Pro	4/30/13 2/19/13	1,127 1,804	563 902	1,030 1,648	65 104	65 104	0
115	Computers - Micro	6/19/13	2,447	1,223	2,095	141	141	Ö
116	Camera & Phone	10/21/14	724	724	299	121	121	0
117 119	Computer Computer - Apple Mac	3/18/15 12/10/15	802 3,126	802 1,563	345 1,875	183 500	183 500	0
	Total Total Control of the Control o	-	60,267	42,730	56,427	1,909	1,909	0
		=						
ACDO	·							
ACRS	5: Furniture & Fixtures	6/01/84	7,316	7,316	5,037	0	0	0
	Total ACRS Depreciation	3	7,316	7,316	5,037	0	0	0
		-		-				
Other	Depreciation:							
91	Software - Adobe Suites	9/22/08	2,236	1,118	2,236	0	0	0
104 108	Computer Software Computer Software - Adobe Systems	6/22/10 6/01/12	33,966 2,973	33,966 1,487	33,966 2,973	0	0	0
118	Software - Metasoft Systems	5/29/15	8,995	8,995	1,949	1,799	1,799	0
1000000	Total Other Depreciation		48,170	45,566	41,124	1,799	1,799	0
		_						4 2
	Total ACRS and Other Deprec	iation	55,486	52,882	46,161	1,799	1,799	0
	Total Acros and other Depree	=	23,100		.0,101	1,77	1,777	
I ict	I Dyonowty:							
120	l Property: 2011 Chev Van	11/25/15	17,790	17,790	3,460	5,600	5,600	0
				100		7/		

PRO01 Pro-Life Action League, Inc.

36-3081086

FYE: 5/31/2017 Mth: 5/31/2017

IL Asset Report Form 990, Page 1 11/30/2017 7:33 PM

Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
		=	17,790	17,790	3,460	5,600	5,600	0
	Grand Totals Less: Dispositions Less: Start-up/Org Expense		135,774 3,073 0	114,517 2,085 0	106,048 3,035 0	10,647 38 0	10,647 38 0	0 0 0
	Net Grand Totals		132,701	112,432	103,013	10,609	10,609	0

PRO01 Pro-Life Action League, Inc.

FYE: 5/31/2017 Mth: 5/31/2017

36-3081086

AMT Asset Report Form 990, Page 1

11/30/2017 7:33 PM

Asset	Description	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
121	GDS Property: Computer - Lenovo Computer - Lenovo	8/03/16 1/17/17	1,215 1,016 2,231	X X	607 508 1,115	5 HY 200DB 5 HY 200DB	0 0	729 610 1,339
9 12 26 27 28 29 50 59 70 77 78 83 84 85 86 87 89	MACRS: File Cabinets Furniture - Desk Furniture Chairs Furniture - Credenza 3 Single Sided Roll up-banner System Exhil Fax Machine - Cannon Furniture - Gently Used Camera Equipment - Helix Projector - Tiger Direct (2 projectors) ABM Office Copier - CS5050 Furniture & Fixtures - 2 chairs & 3 tables Furniture & Fixtures - 3 Desk Chairs Furniture & Fixtures - BookCase - 57th ST Furniture & Tables - Walter E Smith Camera Computer - Laptop Micro Center - CG	12/07/89 3/19/90 4/05/98 5/28/98 9/28/98 4/20/01 3/03/98 9/17/02 4/21/05 10/13/06 1/25/07 1/15/08 2/12/08 3/11/08 6/09/08 6/27/08 10/09/08 9/23/08	462 320 488 1,940 575 3,003 2,433 679 1,495 1,578 7,933 946 678 1,645 1,590 1,866 666 1,191	X X X X X X X	462 320 488 1,940 575 3,003 2,433 475 1,495 1,578 7,933 473 339 823 795 933 333 596	7 HY 150DB 5 HY 150DB 5 HY 150DB 5 HY 150DB 5 HY 150DB 6 HY 150DB 7 HY 200DB 8 HY 200DB 9 HY 200DB	462 320 488 1,940 575 3,003 2,433 679 1,495 1,578 7,933 946 678 1,645 1,590 1,866 666	0 0 0 0 0 0 0 0 0 0 0
96 98 100 101	Mass Sale: 5/31/17 Fixtures - Office Blinds Telephone System - Avaya Cameras - 1 Flip Cameras Computer - Server Computer - Desk Top Mass Sale: 5/31/17	2/22/10 10/14/09 4/28/11 2/12/11 1/10/11	1,987 3,022 375 1,701 1,095	X X	993 1,511 375 1,701 1,095	7 HY 150DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB	1,865 3,022 375 1,701 1,095	122 0 0 0 0
105	Computer Equipment - Notebook Mass Sale: 5/31/17	3/06/12	787	X	394	5 MQ200DB	749	38
107 109 111 112 113 115 116 117	Computer Equipment - Apple I Pad & Acce Computers - Apple Store I Mac Pro Equipment - PA Systems Computer Equipment - Canon 7D Computer - Audio Tech - Band H Computer - Apple I I Mac Pro Computers - Micro Camera & Phone Computer Computer - Apple Mac	3/12/12 6/01/12 9/11/12 2/15/13 4/30/13 2/19/13 6/19/13 10/21/14 3/18/15 12/10/15	1,095 8,687 500 1,500 1,127 1,804 2,447 724 802 3,126	X X X X X X X	547 4,343 250 750 563 902 1,223 724 802 1,563 42,730	5 MQ200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 7 MQ200DB 5 MQ150DB 5 HY 200DB	1,043 7,937 457 1,370 1,030 1,648 2,095 299 262 1,875 56,311	52 500 29 87 65 104 141 121 162 500 1,921
ACRS	<u>:</u> Furniture & Fixtures	6/01/84	7.216		7.216	5 HV DDE	5.027	0
3 1 3	Total ACRS Depreciation	0/01/64 -	7,316 7,316	-	7,316 7,316	5 HY PRE	5,037	0
	Total ACRS and Other Depreci	ation =	7,316	=	7,316		5,037	0
Listed 120	Property: 2011 Chev Van	11/25/15 -	17,790 17,790	- -	17,790 17,790	5 HY 150DB	2,669 2,669	4,536 4,536
	Grand Totals Less: Dispositions and Transfer Net Grand Totals	- - -	87,604 3,073 84,531	-	68,951 2,085 66,866		64,017 3,035 60,982	7,796 38 7,758

PRO01 Pro-Life Action League, Inc. 36-3081086 Bonus Depreciation Report

11/30/2017 7:33 PM Page 1

FYE: 5/31/2017 Mth: 5/31/2017

Asset	Property Description	Date In Service		Bus Pct .	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activit	ty: Form 990, Page 1							
108 59 83 84 85 86 87 89 92 96 98 105	Software - Adobe Suites Computer Software - Adobe Systems Furniture - Gently Used Furniture & Fixtures - 2 chairs & 3 tables Furniture & Fixtures - 3 Desk Chairs Furniture & Fixtures - BookCase - 57th ST Furniture & Tables - Walter E Smith Camera Computer - Laptop Micro Center - CG Fixtures - Office Blinds Telephone System - Avaya Computer Equipment - Notebook Computer Equipment - Apple I Pad & Access Computers - Apple Store I Mac Pro Equipment - PA Systems Computer Equipment - Canon 7D Computer - Audio Tech - Band H Computer - Apple I I Mac Pro Computers - Micro	9/22/08 6/01/12 9/17/02 1/15/08 2/12/08 3/11/08 6/09/08 6/27/08 10/09/08 9/23/08 2/22/10 10/14/09 3/06/12 3/12/12 6/01/12 9/11/12 2/15/13 4/30/13 2/19/13	2,236 2,973 679 946 678 1,645 1,590 1,866 666 1,191 1,987 3,022 787 1,095 8,687 500 1,500 1,127 1,804 2,447		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,118 1,486 204 473 339 822 795 933 333 595 994 1,511 393 548 4,344 250 750 564 902 1,224	1,118 1,487 475 473 339 823 795 933 333 596 993 1,511 394 547 4,343 250 750 563 902
119 121	Computer - Apple Mac Computer - Lenovo Computer - Lenovo	12/10/15 8/03/16 1/17/17	3,126 1,215 1,016		0 0 0	0 608 508	1,224 1,563 0 0	1,563 607 508
	Form 99 *Less: Dispositions and 7 Net Form 99		42,783 1,978 40,805	i e	0 0	1,116 0 1,116	20,141 988 19,153	21,526 990 20,536
	Less: Dispositions and	and Total Transfers	42,783 1,978 40,805		0 0 0	1,116 0 1,116	20,141 988 19,153	21,526 990 20,536

PRO01 Pro-Life Action League, Inc. 36-3081086 Depreciation Adjustment Report

Page 1

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FYE: 5/31/2017 Mth: 5/31/2017

All Business Activities

<u>Form</u>	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACI	RS Adj	ustments:				
Page 1	1	9	File Cabinets	0	0	0
Page 1	1	12	Furniture - Desk	0	0	0
Page 1	1	26	Furniture	0	0	Ŏ
Page 1	1	27	Chairs	0	0	0
Page 1	1	28	Furniture - Credenza	0	0	0
Page 1	1	29	3 Single Sided Roll up-banner System Exhibit	0	0	0
Page 1	1	50	Fax Machine - Cannon	0	0	0
Page 1	1	59	Furniture - Gently Used	0	0	0
Page 1	1	70	Camera Equipment - Helix	0	0	0
Page 1	1	77	Projector - Tiger Direct (2 projectors)	0	0	0
Page 1	1	78	ABM Office Copier - CS5050	0	0	0
Page 1	1	83	Furniture & Fixtures - 2 chairs & 3 tables	0	0	0
Page 1	1	84	Furniture & Fixtures - 3 Desk Chairs	0	0	0
Page 1	1	85	Furniture & Fixtures -	0	0	0
Page 1	1	86	BookCase - 57th ST	0	0	0
Page 1	1	87	Furniture & Tables - Walter E Smith	0	0	0
Page 1	1	89	Camera	0	0	0
Page 1	1	92	Computer - Laptop Micro Center - CG	0	0	0
Page 1	1	96	Fixtures - Office Blinds	89	122	-33
Page 1	1	98	Telephone System - Avaya	0	0	0
Page 1	1	100	Cameras - 1 Flip Cameras	0	0	0
Page 1	1	101	Computer - Server	0	0	0
Page 1	1	102	Computer - Desk Top	0	0	0
Page 1	1	105	Computer Equipment - Notebook	38	38	0
Page 1	1	106	Computer Equipment - Apple I Pad & Accessori	52	52	0
Page 1	1	107	Computers - Apple Store I Mac Pro	500	500	0
Page 1	1	109	Equipment - PA Systems	29	29	0
Page 1	1	111	Computer Equipment - Canon 7D	87	87	0
Page 1	1	112	Computer - Audio Tech - Band H	65	65	0
Page 1	1	113	Computer - Apple I I Mac Pro	104	104	0
Page 1	1	115	Computers - Micro	141	141	0
Page 1	1	116	Camera & Phone	121	121	0
Page 1	1	117	Computer	183	162	21
Page 1	1	119	Computer - Apple Mac	500	500	0
Page 1	1	120	2011 Chev Van	5,600	4,536	1,064
Page 1	1	121	Computer - Lenovo	729	729	0
Page 1	1	122	Computer - Lenovo	610	610	0
				8,848	7,796	1,052
				0,040	1,790	1,032

PRO01 Pro-Life Action League, Inc.
36-3081086 Future Depreciation Report

FYE: 5/31/18

Form 990, Page 1 FYE: 5/31/2017 Mth: 5/31/2017

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Prior N</u>	MACRS:				
9 12 26 27 28 29 50 59 70 77 78 83 84 85 86 87 89 96 98 100 101 106 107 109 111 112 113 115 116 117 119 121 122	File Cabinets Furniture - Desk Furniture Chairs Furniture - Credenza 3 Single Sided Roll up-banner System Exhibit Fax Machine - Cannon Furniture - Gently Used Camera Equipment - Helix Projector - Tiger Direct (2 projectors) ABM Office Copier - CS5050 Furniture & Fixtures - 2 chairs & 3 tables Furniture & Fixtures - 3 Desk Chairs Furniture & Fixtures - BookCase - 57th ST Furniture & Tables - Walter E Smith Camera Fixtures - Office Blinds Telephone System - Avaya Cameras - 1 Flip Cameras Computer - Server Computer Equipment - Apple I Pad & Accessori Computer Equipment - PA Systems Computer Equipment - Canon 7D Computer - Audio Tech - Band H Computer - Apple I I Mac Pro Computers - Micro Camera & Phone Computer Computer - Apple Mac Computer - Lenovo Computer - Lenovo	12/07/89 3/19/90 4/05/98 5/28/98 9/28/98 9/28/98 9/17/02 4/21/05 10/13/06 1/25/07 1/15/08 2/12/08 3/11/08 6/09/08 6/27/08 10/09/08 2/22/10 10/14/09 4/28/11 2/12/11 3/12/12 6/01/12 9/11/12 2/15/13 4/30/13 2/19/13 10/21/14 3/18/15 12/10/15 8/03/16 1/17/17	462 320 488 1,940 575 3,003 2,433 679 1,495 1,578 7,933 946 678 1,645 1,590 1,866 666 1,987 3,022 375 1,701 1,095 8,687 500 1,500 1,127 1,804 2,447 724 802 3,126 1,215 1,016 59,425	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ACRS:					
1	Furniture & Fixtures	6/01/84	7,316	0	0
	Total ACRS Depreciation		7,316	0	0
Other	Depreciation:				
91 104 108 118	Software - Adobe Suites Computer Software Computer Software - Adobe Systems Software - Metasoft Systems Total Other Depreciation	9/22/08 6/22/10 6/01/12 5/29/15	2,236 33,966 2,973 8,995 48,170	0 0 0 1,799 1,799	0 0 0 1,230 1,230
	Total ACRS and Other Depreciation		55,486	1,799	1,230
Listed	Property:				
120	2011 Chev Van	11/25/15	17,790	3,350	3,175
			17,790	3,350	3,175
	Grand Totals		132,701	6,535	5,813

11/30/2017 7:33 PM

FYE: 5/31/2017 Mth: 5/31/2017

Form 990, Page 1

11/30/2017 7:33 PM FYE: 5/31/18

Asset	Description	Date In Service	Cost	IL		
Prior M	ACRS:					
9 12 26 27 28 29 50 59 70 77 78 83 84 85 86 87 89 96 98 100 101 106 107 109 111 112 113 115 116 117 119 121	File Cabinets Furniture - Desk Furniture - Chairs Furniture - Credenza 3 Single Sided Roll up-banner System Exhibit Fax Machine - Cannon Furniture - Gently Used Camera Equipment - Helix Projector - Tiger Direct (2 projectors) ABM Office Copier - CS5050 Furniture & Fixtures - 2 chairs & 3 tables Furniture & Fixtures - 3 Desk Chairs Furniture & Fixtures - BookCase - 57th ST Furniture & Tables - Walter E Smith Camera Fixtures - Office Blinds Telephone System - Avaya Cameras - 1 Flip Cameras Computer - Server Computer Equipment - Apple 1 Pad & Accessori Computers - Apple Store I Mac Pro Equipment - PA Systems Computer Equipment - Canon 7D Computer - Audio Tech - Band H Computer - Apple I I Mac Pro Computers - Micro Camera & Phone Computer Computer - Apple Mac Computer - Lenovo	12/07/89 3/19/90 4/05/98 5/28/98 9/28/98 9/28/98 4/20/01 3/03/98 9/17/02 4/21/05 10/13/06 1/25/07 1/15/08 2/12/08 3/11/08 6/09/08 6/27/08 10/09/08 2/22/10 10/14/09 4/28/11 2/12/11 3/12/12 6/01/12 9/11/12 2/15/13 4/30/13 2/19/13 6/19/13 10/21/14 3/18/15 12/10/15 8/03/16	462 320 488 1,940 575 3,003 2,433 679 1,495 1,578 7,933 946 678 1,645 1,590 1,866 666 1,987 3,022 375 1,701 1,095 8,687 500 1,500 1,127 1,804 2,447 724 802 3,126 1,215	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
122	Computer - Lenovo	1/17/17	1,016 59,425	1,386		
ACRS:						
1	Furniture & Fixtures	6/01/84	7,316	0		
	Total ACRS Depreciation		7,316	0		
Other D	epreciation:					
91 104 108 118	Software - Adobe Suites Computer Software Computer Software - Adobe Systems Software - Metasoft Systems Total Other Depreciation	9/22/08 6/22/10 6/01/12 5/29/15	2,236 33,966 2,973 8,995 48,170	0 0 0 1,799 1,799		
	Total ACRS and Other Depreciation		55,486	1,799		
Listed P	roperty:					
120	2011 Chev Van	11/25/15	17,790 17,790	3,350 3,350		
	Grand Totals		132,701	6,535		

Form **990**

Two Year Comparison Report

, ending

2015 & 2016

For calendar year 2016, or tax year beginning Name

32. Number of employees

33. Number of volunteers

06/01/16

05/31/17

Nar	me	J	, , , , , , , , , , , , , , , , , , , ,	Taxpaye	er Identification Number
	PRO-LIFE ACTION LEAGUE, INC.			36-3	081086
			2015	2016	Differences
	1. Contributions, gifts, grants	1.	1,028,432	766,216	-262,216
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
n e	4 Drogram contine retrents	4.			
_	5. Investment income	5.	603	284	-319
>	6. Proceeds from tax exempt bonds	6.			
R e	7. Net gain or (loss) from sale of assets other than inventory	7.	-1,980	-167	1,813
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory	10.	17,787	19,560	1,773
	11. Other revenue	11.		56,667	56,667
	12. Total revenue. Add lines 1 through 11	12.	1,044,842	842,560	
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	4.4			
S	15. Compensation of officers, directors, trustees, etc.	15.	98,800	98,400	-400
S	16. Salaries, other compensation, and employee benefits	16.	355,858	365,845	9,987
e n	17. Professional fundraising fees	17.			
O.	18. Other professional fees	18.	17,689	15,171	-2,518
ш	19. Occupancy, rent, utilities, and maintenance	19.	84,492	78,462	-6,030
	20. Depreciation and Depletion		9,328	10,647	1,319
	21. Other expenses	21	378,975	360,851	-18,124
	22. Total expenses. Add lines 13 through 21	22.	945,142	929,376	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	99,700	-86,816	-186,516
	24. Total exempt revenue	24.	1,044,842	842,560	-202,282
	25. Total unrelated revenue	25.		-	
ou	26. Total excludable revenue	26.	16,410	76,344	59,934
Information	27. Total assets	27.	282,105	195,515	-86,590
orr	28. Total liabilities	00	964	1,190	226
=	29. Retained earnings	29.	281,141	194,325	-86,816
Other	30. Number of voting members of governing body	30.	8	9	
ŏ	31. Number of independent voting members of governing body	31.	6	7	

33.

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Form 990		Tax Re	Tax Return History			2016
Name PRO-LIFE ?	ACTION LEAGUE,	INC.			Employer 36-3	Employer Identification Number 36-3081086
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	992,857	914,422	839,680	1,028,432	766,216	
Membership dues						
Program service revenue				- 1		
Capital gain or loss	-1,068		40	-1,980	-167	
Investment income	437	9,430	262	603	284	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	12,877	13,811	26	17,787	76,227	
Total revenue	1,005,103	937,663	840,038	1,044,842	842,560	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	106,150	-	100,050	98,800	•	
Other compensation	380,612	417,942	375,477		365,845	
Professional fees		10,462	11,843	17,689	15,171	
Occupancy costs	78,475	78,341	86,683	84,492	78,462	
Depreciation and depletion	25,876	6,145	3,990	9,328	10,647	
Other expenses	487,891	370,785	-	-	-	
Total expenses	1,079,004	988,295	928,476	945,142	929,376	
Excess or (Deficit)	-73,901	-50,632	-88,438	99,700	-86,816	
1						
Total exempt revenue	1,005,103	937,663	840,038	1,044,842	842,560	
Total excludable revenue	1,005,103	23,241	358	16,410	76,344	
Total Assets	324,	271,092	182,653		195,515	
Total Liabilities	3,808	1,213	1,212	964	1,190	
Net Fund Balances	320,511	269,879	181,441	281,141	194,325	

2015

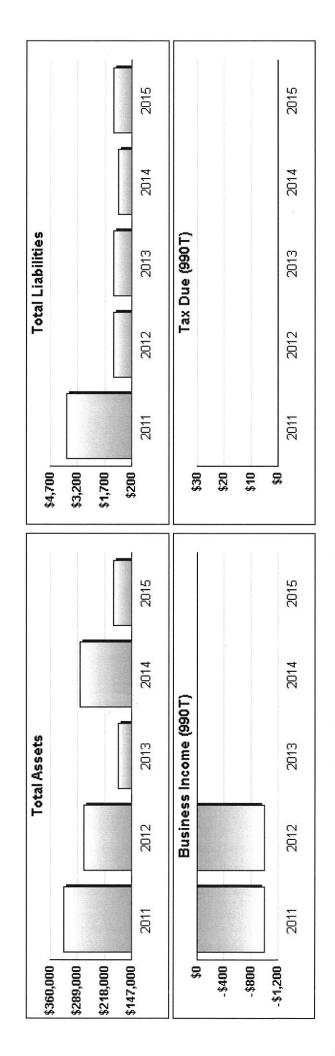
2015

2016

2017

Form 990T		Tax Ref	Tax Return History			2016
Name PRO-LIFE A	PRO-LIFE ACTION LEAGUE, INC.	INC.			Emplo 36	Employer Identification Number 36-3081086
l	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000				
Income after expense and deductions	-1,000	-1,000				
Income tax (corporate or trust)						
Other taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

^{*} Income shown net of expenses



PRO01 Pro-Life Action League, Inc.

36-3081086

Federal Statements

11/30/2017 7:33 PM

Page 1

FYE: 5/31/2017

Taxa	b	le	In	te	re	st	on	Inves	stments
------	---	----	----	----	----	----	----	-------	---------

Descr	iption						
		Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST MONEY	MARKET						
	\$	189		14	IL		
TOTAL	\$	189					
		Taxab	le Dividends fr	om Secur	rities		
Descr	iption						
		Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)

DIVIDEND FROM SECURITIES

\$ 95 14 IL

TOTAL \$ 95

1/30/2017	7.00	00.
1/30/201	1	
1/30/	200	
7	2	$\frac{1}{2}$
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Page 2

Federal Statements

League, Inc. **Federa**

PRO01 Pro-Life Action League, Inc. 36-3081086 FYE: 5/31/2017

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Description		Total Expenses	ш. «	Program Service	Man	Management & General	œ	Fund Raising
TELEPHONE EXPENSE	₩.	11,282	\ \	11,282	w		·Ω	
COMPUTER SUPPORT		-		9,443			•	
POSTAL METER FEES		6,582		, 58				
COPIER RENTAL		6,554		5,554		1,000		
DISPLAY & BILL BOARD		5,572		, 57		100 mg		
DELIVERY SERVICE FEES		-				4,804		
AUTO EXPENSES		4,125		4,125				
CREDIT CARD PROCESSING FE		3,949		3,949				
FUNDRAISING MAILING LIST		3,877						3,877
BANK CHARGES		3,733				3,733		
BRUNCH		2,282		2,282				
PRINTING SERVICES		2,000						2,000
POSTCARDS & INVITATIONS		1,673		,67				
COMPUTER SUPPLIES		1,058		1,058				
NEWSPAPERS & MAGAZINES SU		749				749		
MEMORIAL MASS DONATION		556		556				
MISCELLANEOUS EXPENSE		206		206				
DATABASE RENTAL		271		271				
MISCELLANEOUS LICENSE & T		135				135		
GIFT		25		25				
TOTAL	₩	69,176	₩	52,878	₩.	10,421	₩	5,877

Page 3 11/30/2017 7:33 PM 762,716 22,134 56,667 189 95 284 2,129 766,216 78,801 Amount Amount Amount W-W-S Schedule A, Part II, Line 10(e) Schedule A, Part II, Line 1(e) Schedule A, Part II, Line 8(e) Federal Statements Description Description Description PRO01 Pro-Life Action League, Inc. INTEREST MONEY MARKET DIVIDEND FROM SECURITIES LITERATURE & TAPES SETTLEMENT FROM LAWSUIT GENERAL DONATIONS STOCK DONATION STOCK DONATION FYE: 5/31/2017 36-3081086 TOTAL TOTAL TOTAL

Illinois Return Summary

For calendar year 2016, or tax year beginning 06/01/16 , and ending 05/31/17

36-3081086

PRO-LIFE ACTION LEAGUE, INC.

Amount you are paying (IL-990T)	
Apportionment	
Total sales everywhere	
Total Illinois sales	0
Apportionment factor 0.00	0000%
Net income or loss	
Investment credits	
- San Caraba Car	
Net replacement tax	
Income tax credits	
Net income tax	
Credit from prior year overpayment	
Total estimated payments	
Form IL-505-B extension payment	
Pass-through withholding payments	
Gambling withholding	
Total payments	
0	
Overpayment	
Amount to credit forward	
Refund	
Tax due before penalty and interest	
Late payment interest	
Failure to pay penalty	
Failure to file penalty	
Total amount due	
Next Year's Estimates	Charitable Registration
1st quarter	Filing fee 15
2nd quarter	Return / extended due date 11/3 0/17
3rd quarter	Supremediate virtual personalis terresis estimate di dispersioni i recultoria. Co
4th quarter	
Total	
Miscellaneous Information	
Amended return	
IL-990T due date /extended date $04/17/18$	