Form 8879-FC

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-1	187	8

For calendar year 2016, or fiscal year beginning 4/1 , 2016, and ending

3/31 , 20 17

Department of the Treasury Do not send to the IRS. Keep for your records. Internal Revenue Service Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization Employer identification number Illinois Right to Life Committee 23-7080367 Name and title of officer Rosemary Hackett President Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here **b** Total tax (Form 1120-POL, line 22). 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 5a Form 8868 check here ▶ Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize Hensley & Associates, Inc. to enter my PIN 80367 as my signature ERO firm name Enter five numbers, but on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 15341090010 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

ERO's signature ► Lonnie Henslev

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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/formego

Α	For th	e 2016 ca	lendar year, or tax year beginning 4/1/2016 , and ending		/2017	inspection
В	Check if	applicable:	C Name of organization Illinois Right to Life Committee	D Employer		ation number
	Address	change	Doing business as			adon number
П	Name ch		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	23-7080367		
닏	ivame cr	lange	PO Box 511	E Telephone		
Ш	Initial ret	urn	City or town State ZIP code			
П	Final return	n/terminated	Chicago IL 60601	(312) 422-93	300	The second secon
\equiv			Foreign country name Foreign province/state/county Foreign postal code			
	Amended	d return		G Gross rece	ipts \$	290,938
	Application	on pending	F Name and address of principal officer:			
			[11(a) is	this a group return for	MINISTER STATE	
	Fa., a.,	npt status:		Are all subordinate		100 E300 - 010 010 010 010 010 010 010 010 010
-		•	15 // (a)(1) ci //	f "No," attach a list	. (see ins	tructions)
J	Nebsite	e: Nww	v.illinoisrighttolife.org	Froup exemption n	umber 🕨	•
KF	orm of o	organization:	X Corporation	mation: 1968	M Sta	te of legal domicile:
P	art I	Sur	mmary	1300		IL
	1			information or	altorn	otivoo to
8		abortion	To provide	Inionnation of	allein	alives to
Jan				′		
Activities & Governance	2	Chook th	in how by if the association if your			
ò	3	Number	is box If the organization discontinued its operations or disposed of mo	re than 25% o		assets.
ంర	69	Number	of voting members of the governing body (Part VI, line 1a)		3	7
es	4	Tatal	of independent voting members of the governing body (Part VI, line 1b)		4	0
註	5	iotai nur	nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	3
cţ;	6	lotal nur	nber of volunteers (estimate if necessary)		6	
A	7a	Total unr	elated business revenue from Part VIII, column (C), line 12	[7a	0
	b	Net unre	lated business taxable income from Form 990-T, line 34		7b	0
				Prior Year		Current Year
9	8	Contribut	tions and grants (Part VIII, line 1h) .	128,	050	171,790
Revenue	9		service revenue (Part VIII, line 2g)		0	0
Şe.	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		46	93
1	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			895	53,078
	12	Total reve	nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	186,	991	224,961
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0	0
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10).	101,	308	116,034
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)	,	0	0
g	b	Total fund	draising expenses (Part IX, column (D), line 25) 34,728	a trace them		
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	53	143	72,301
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	154.		188,335
	19	Revenue	less expenses. Subtract line 18 from line 12		540	36,626
Net Assets or Fund Balances			Begin	ning of Current Y		End of Year
sets	20	Total ass	ets (Part X, line 16)	86,	237	128,252
t As	21	Total liabi	ilities (Part X, line 26)		949	12,338
FE	22	Net asset	ts or fund balances. Subtract line 21 from line 20		288	115,914
Pai	rt II		nature Block	,		110,011
Unde	r penaltie	es of perjury,	I declare that I have examined this return, including accompanying schedules and statements, and to	he best of my know	vledae	
and b	elief, it is	true, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowled	lge.	E. C.
Sig	n	_				
Her			Signature of officer	Date		
1101	•					
			Type or print name and title			
	21	Print	Type preparer's name Preparer's signature Da	1000,000		PTIN
Paid		Lonn	ie Hensley Lonnie Hensley 11	Che		if Doorsoos
	parer				-employe	
Use	Only		name Hensley & Associates, Inc.	Firm's EIN ► 3	8-3666	915
		Firm's	address ► 100 Tower Dr, Ste 230, Burr Ridge, IL 60527	Phone no. (630) 46	8-2426
May	the IR	S discuss	this return with the preparer shown above? (see instructions)			V. I.

	990 (2016)	Illinois Right to Life Committee	23-7080367	Page 2
P	art III	Statement of Program Service Accomplishments		
	Drigfly d	Check if Schedule O contains a response or note to any line in this Part III		X
1		escribe the organization's mission: le information on alternatives to abortion		
	TO DIOVIC	le information on alternatives to abortion	·	·
2	Did the o	rganization undertake any significant program services during the year which were not listed on	The second second	2.5
	the prior	Form 990 or 990-EZ?	X Yes	No
2		describe these new services on Schedule O.		
3	services?	rganization cease conducting, or make significant changes in how it conducts, any program		
	If "Yes "	describe these changes on Schedule O.	· · Yes	X No
4		the organization's program service accomplishments for each of its three largest program services	s as measured by	
	expenses	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al	locations to others	
	the total	expenses, and revenue, if any, for each program service reported.	,	# U
4a	(Code:) (Expenses \$ 55,417 including grants of \$) (Revenue	ue \$)
	Heart to I	Heart: Video and Speaker presentations to high school students		
				
4b	(Code:) (Expenses \$ 38,792 including grants of \$) (Revenue	ie \$)
	Advertisir	g: Advertising messages including billboards and radio time delivering the pro life		
	message			
4c	(Code:	(Expenses \$ 16,625 including grants of \$) (Revenue	e \$)
	Convention	ons: Pro life exhibits at schools, hospitals, churches, fairs, etc		
4d	Other pro	gram services. (Describe in Schedule O.)		
	(Expense:		0)	
10		ram service expenses	- /	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Х	-
	candidates for public office? If "Yes," complete Schedule C, Part I	,		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
	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,	7		<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
15	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
40	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	2000		
11	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, 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			
u	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	Ha		^
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		-/-
	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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	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		Χ
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		Х
12a	5 The last year in 100, complete	24.5		
h	Schedule D, Parts XI and XII.	12a		X
IJ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	405		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		_	
18	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Х	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	^	
	If "Yes," complete Schedule G, Part III	19		Χ
Allu		1000		

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
242	employees? If "Yes," complete Schedule J	23		X
_ Tu	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
70	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	- 1	Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		- 1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
c		28b	_	Χ
C	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	00		
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	28c	-	X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-	X
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	-	X
	Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			^
	If "Yes," complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			20,2000
37	organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	\//	27		V
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
	19? Note. All Form 990 filers are required to complete Schedule O	20	_	
	Still 999 more and required to complete delication of	38 Form §	X	040
		Form 3	JU (2	016)

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a X If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? X Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b C Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

Sec	tion A. Governing Body and Management			
		-	Yes	No
1a				
	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			
020	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			5.0
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1011/18/ V z	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		Χ
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
			Yes	No
63	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Χ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		_X_
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			917
a	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	X	
40-	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	43.5		
	with a taxable entity during the year?	16a		X
b	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			
\		16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Scotton 6104 requires an experimetion to make its Forms 4000 (as 4004 if a 1004 its 1000			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s	only)	
Ĭ	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	Own website Another's website X 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 police.		4	
. •	financial statements available to the public during the tax year.	y, and	J	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-0	Winnin Dielette 1:6-			
	Illinois Right to Life (312) 422-9300			

Part VIII 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 VIII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Ta 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. **Outstain 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 for the calendar year ending with or within the organizations. Enter -0- in columns (D), (E), and (F) if no compensation for definition of "key employees" **Usit all of the organization's current tey employees, and highest compensated employees of the regardless of amount of compensation from the organization of the organization's current key employees, and highest compensated employees of the regardless of the organization of the	2											
Compensation of Officers, Directors, Trustees, Key Employees, Highest Componsated Employees, and Independent Contractors Section A. Officers, Directors, Trustees, Key Employees, and Highest Componsated Employees 1 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. 1 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter-O- in columns (D), (E), and (F) if no compensation was paid. 2 List all of the organization's current key employees, frany. See instructions for definition of "key employee." 4 List the organization's current key employees, frany. See instructions for definition of "key employee." 4 List all of the organization's current mightest compensated employees (other than an officer, director, whitee, or key employee) who received reportable compensation flow of 15 Form W-2 and/or 6x x of Form 1099-MISC) of more than \$10,000 from the organization and any related organizations. 4 List all of the organization's former officers, key employees, and highest compensated employees and more than \$10,000 from the organization and any related organizations. 5 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 time of the organization and any related organizations. 5 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 form easies of the organization and any related organization and any related organization and any related organization organization from results of the organization and any related organization and any related organization and any related organization and the organization organization and the organization and the organization and the organization and the organizat	Form 990 (2016)	Illinois Right to Life Committee									00 7000	-
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 organizations tay ser. • List all of the organization's current forces, 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, and response to the properties of the compensation (Edx 5 of Form W-2 and/or box 7 of Form United Organizations and any related organizations. • List all of the organizations's former directors or trustees that received, in the capacity as a former such persons. • List all of the organizations's former directors or trustees that received, in the capacity as a former such persons. • List all of the organizations's former directors or trustees that received, in the capacity as a former such persons. • List all of the organizations's former directors or trustees that received, in the capacity as a former such persons. • List all of the organizations's former directors in the capacity as a former such persons. • List all of the			ectors Truste	98	Kov	Fn	nnla	2000	6	Highest Com	23-7080.	36/ Page /
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Companies Comp	compensated	employees; and former such persons.									-, J	
Comparison Com	Check this	s box if neither the organization nor an	y related organiz	zation	cor	npe	nsat	ed ar	ny c	current officer, dir	ector, or trustee.	
Calculation						(0	C)			1,2		
Name and Title		(4)	(B)	(4-						(5)	-	
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Company Comp			Andrew Management Control of the Con	ndivio	nstitu	office	е́у є	ighe	orme		organizations	compensation
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Director 0.00 X		Cortes			-							
Column				1							e.	
(4) Rosemary Hackett 20.00 President 0.00 (5) Kathy Swift 5.00 Secretary 0.00 (6) Mari Heavey 5.00 Treasurer 0.00 (7) Emily Troscinski 40.00 Executive Director 0.00 (8) (9)	(3) Laurence	e Theriault	The second secon	7								
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(9) (10)			40.00									_
(9) (10)		ctor	0.00			Х				50,000		<u></u>
(10)	(8)											
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	151					8					~	
(11)	(10)											
	(11)											

(12)

(14)

(13)

Section 1	dit vii occuoii A. Officers, Directors, Tru	istees, Ney Elli	pioye	es,	and	a mi	gnes	tC	ompensated En	nployees (conti	nued)
	(A) Name and title	(B) Average hours per week (list any	box,	(C) Position (do not check more than box, unless person is bo officer and a director/trus			is both	th an Reportable compensation		(E) Reportable compensation	(F) Estimated amount of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)											
(16)											
(17)								4			
(18)							1			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
(19)											
(20)						7					
(21)							A			*)	
(22)							7			=	=
(23)											
(24)				5							
(25)										200000	
1b c	Sub-total	ction A						>	50,000 0	0	0
d 2	Total (add lines 1b and 1c)	>	ed al				· ·	▶	50,000 more than \$100	0	0
_	reportable compensation from the organization			(200	110 1			There than \$100,		Van Na
3	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>						•		compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	f reportable com	pens	atio	n ar	nd o	ther o	com	pensation from	,	4 X
5	Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	ue compensations." complete Sci	n from hedul	n an	y ur	nrela	ated o	orga	nization or indiv	idual	5 X
Sect	ion B. Independent Contractors	-,,								20 2 2 2	<u> </u>
1	Complete this table for your five highest comper compensation from the organization. Report coryear.	nsated independ npensation for th	ent c ne ca	ontr	acto	ors t	hat re endi	ece ng v	ived more than \$ with or within the	6100,000 of organization's	tax
	(A) Name and business addre	ess				0			(B) Description of serv	ices ((C) Compensation
	3	- Augustus				-1120 - 000					0
											0
2	Total number of independent contractors (includ more than \$100,000 of compensation from the contractors)	ing but not limite	ed to t	thos	e lis	sted	abov	/e) \	who received		

Part VIII Statement of Revenue Check if Schedule O contain

		Check if Schedule O contains	a response or	note to any line i	n this Part VIII			📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a			C				
ran	b		1b	C				
S, G	C	Fundraising events	1c	C				
Contributions, Gifts, Grants and Other Similar Amounts	d		1d	C				
Imil	е	_		0		TETES Y		
tlon	f	All other contributions, gifts, gran				DELLEA.		
the ibu		similar amounts not included abo	ve 1f	171,790			Value of the second	
do	q	Noncash contributions included in li		171,750		F. Communication	** ***********************************	
g g	h				171,790			
0			· · · · · · ·	Business Code	171,790			over an entre en en en
nue	2a							AND PRODUCTION OF A PROPERTY.
Sev.	b				0	Y		
99	C				/ /			
Σ	d				0			
Š	e			-	0			·····
Jran	٤	All other program conting revenue			0			
Program Service Revenue	'	All other program service revenue			0			
	<u>g</u>	Total. Add lines 2a–2f		· · · · · /	0	40.631.03		
	٦	Investment income (including div					-	
	1	other similar amounts)			93			
	4	Income from investment of tax-ex			0			
	5	Royalties	(i) Real	(ii) Personal	0			
		Crear rests	(i) Real	(ii) Personal			医各种抗病	
	6a	Gross rents			\$ £ 2 6 £ 2 5	STRUCK LAND	FFEEE 25	
	b	Less: rental expenses			建设定价值接			
	C	Rental income or (loss)	_0	0				2 E E E E E E E E
	d	Net rental income or (loss)		D	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other		探告状态。		
	100	assets other than inventory	(0	0				
	b	Less: cost or other basis						
		and sales expenses	0	0		eria establishe	Telephone Company	
	С	Gain or (loss)	0	0		· 在位于1967年		The source of the first
	d	Net gain or (loss)	X / / /		0		7/	
an	8a	Gross income from fundraising						
/er		events (not including \$				国际工艺进程		
3e		of contributions reported on line 1		17			THE BUYERS	
<u>-</u>		See Part IV, line 18	, a	119,055		有性性的		
Other Revenue	b	Less: direct expenses	b	65,977				
0	С	Net income or (loss) from fundral	sing events		53,078			
	9a	Gross income from garning activity	ies.		La Caración de Aliga (Marijon)		2000	自用表 伊州州
		See Part IV, line 19	a	0				
	b	Less: direct expenses	b	0				
	С	Net income or (loss) from gaming	activities		0			
		Gross sales of inventory, less						
		returns and allowances	a	0				
	b	Less: cost of goods sold	b	0	111111111111111111111111111111111111111	A 6 销售的基础		
	С	Net income or (loss) from sales o			0	A 1 E 4 E		
Ì		Miscellaneous Revenue		Business Code		金型医侧侧鱼目		
	11a		1 (ol			
	b				0			10
	С				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d			0			18-18-18-18-18-18-18-18-18-18-18-18-18-1
	12	Total revenue. See instructions.			224.961	0	o	0

1 01111	minois Right to Life Committee			23-708036	57 Page 1 1
Pai	rt IX Statement of Functional Expenses				
Secti	ion 501(c)(3) and 501(c)(4) organizations must complete all (columns. All other or	rganizations must	complete column (A).	
	Check if Schedule O contains a response or note				П
	not include amounts reported on lines 6b, 7b, 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 domestic governments. See Part IV, line 21	0			

00,	55, and 105 of Fart VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				18 3 6 6 12 12 3 1
	individuals. See Part IV, line 22	0			" 就是我们想是一类
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	e in			
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
1120	trustees, and key employees	50,000	40,000	10,000	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0		S	
7	Other salaries and wages	51,556	27,704	12,568	11,284
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	6,038	4,025		671
10	Payroll taxes	8,440	5,627	1,875	938
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0	9		
C	Accounting	2,268	1,512	504	252
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0	A CONTRACTOR AND ADDRESS.		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O.)	0	2.044	4.004	F.40
13	Advertising and promotion	4,862	3,241	1,081	540
14	Information technology	3,814	2,543	847	424
15	Information technology . Royalties . Occupancy .	0			7.
16	Occupancy	10,800	7,200	2,400	1,200
17	Travel	4,118	7,200	4,118	1,200
18	Payments of travel or entertainment expenses	4,110		4,110	
	for any federal, state, or local public officials	ام			
19	Conferences, conventions, and meetings	0	4-4-10-10-10-10-10-10-10-10-10-10-10-10-10-		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance , ,	652	434	145	73
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			SAME TO SERVE STATE OF THE SERVE	
	(A) amount, list line 24e expenses on Schedule O.)			全体图图图	
а	Grants, Direct Mail and Fundraising costs	18,201			18,201
b	Speaker Fees	11,664	11,664	0	0
С	Printing and Postage	3,332	2,221	740	371
d	Telephone	2,922	1,948	649	324
е	All other expenses	9,668	2,715	6,503	450
25	Total functional expenses. Add lines 1 through 24e	188,335	110,834	42,772	34,728
26	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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	80,737	1	113,902
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	\\	5	
	6	Loans and other receivables from other disqualified persons (as defined under section	MANUFACTURE TO THE TOTAL		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		*	
Assets		organizations (see instructions). Complete Part II of Schedule L		6	
58	7	Notes and loans receivable, net	0	7	0
⋖	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 0			
	b	Less: accumulated depreciation 10b	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	5,500	15	14,350
	16	Other assets. See Part IV, line 11 . Total assets. Add lines 1 through 15 (must equal line 34) .	86,237	16	128,252
	17	Accounts payable and accrued expenses	6,949	17	12,338
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	1
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
≝		trustees, key employees, highest compensated employees, and			
lab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			4
		parties, and other liabilities not included on lines 17-24). Complete	10		
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	6,949	26	12,338
' 0		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	79,288	27	115,914
Ba	28	Temporarily restricted net assets	,	28	1.0,071
פר	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC958), check here		10.00	
o		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		20	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	33	Total net assets or fund balances	79,288	33	115,914
	34	Total liabilities and net assets/fund balances	86,237	34	128,252
		The state of the s	00,237	0-1	120,232

Form	990 (2016) Illinois Right to Life Committee 23-708	30367	Pad	ge 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		224	4,961
2	Total expenses (must equal Part IX, column (A), line 25)		188	3,335
3	Revenue less expenses. Subtract line 2 from line 1		36	3,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		79	9,288
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)		000	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))		115	5,914
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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:	3.6		
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	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			
С	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			100
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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	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)

Public Charity Status and Public Support

Employer identification number

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Illino	is R	ight to Life Committee					23-70	80367		
Pa	rt I	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.			
The	orga	anization is not a private foundat	ion because it is: (F	or lines 1 through 12,	check only	one box.)			
1		A church, convention of church	es, or association of	f churches described in	n section	170(b)(1)	(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(I	o)(1)(A)(iii	i). \			
4		A medical research organization hospital's name, city, and state:		nction with a hospital d	escribed i	n section	170(b)(1)(A)(iii). En	ter the		
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in		
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ection 170	(b)(1)(A)(v).			
7		An organization that normally redescribed in section 170(b)(1)			m a gove	nmental u	unit or from the gene	ral public		
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	11.)	1				
9	Ē	An agricultural research organizor university or a non-land-granuniversity:	zation described in s	section 170(b)(1)(A)(ix) operated	d in conjur name, city	nction with a land-gra , and state of the co	ant college llege or		
10	Χ	An organization that normally receipts from activities related t support from gross investment acquired by the organization af	to its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its		
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See se	ection 509	9(a)(4).			
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	า 509(a)(3).		
а		Type I. A supporting organization (state supported organization)	s) the power to regu	larly appoint or elect a						
b		organization. You must con Type II. A supporting organiz control or management of the organization(s). You must c	zation supervised or ne supporting organi	controlled in connecti zation vested in the sa						
c		Type III functionally integra	ated. A supporting o	organization operated i				rated with,		
		its supported organization(s	And the second s					onization(s)		
C		Type III non-functionally in that is not functionally integreguirement (see instruction	ated. The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att			
. 6		Check this box if the organiz functionally integrated, or Ty	zation received a wr	itten determination fror	m the IRS	that it is a		e III		
f		Enter the number of supported						0		
<u> </u>	(i)	Provide the following information Name of supported organization	n about the support	ed organization(s). (iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of		
	(1)	Name of supported digamization	(ii) Liiv	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)		
					Yes	No				
(A)							n	±		
(B)		-	ri e							
(C)										
(D)										
(E)										
	_						0	0		

Schedule A (Form 990 or 990-EZ) 2016 Illinois Right to Life Committee 23-7080367 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.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2014 (a) 2012 Calendar year (or fiscal year beginning in) (b) 2013 (d) 2015 (e) 2016 (f) Total 0 0 Amounts from line 4 0 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10. . Gross receipts from related activities, etc. (see instructions) 12

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	org	aniza	tion,	checl	k this be	ox and	stop	here		· .	. .	7.		0.0					8									0.00	 *			. ▶	L
13	Firs	St TIV	e yea	irs. I	the Fo	rm 990	IS TO	or the	organ	ıızau	on's fi	rst,	seco	ond,	third	, tou	urth,	or fi	ith ta	ax ye	ear a	as a	sec	tion :	001(c)(3))						_

360	stion 6. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15	Public support percentage from 2015 Schedule A, Part II, line 14	15	0.00%
16a	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,		

and stop here. The organization qualifies as a publicly supported organization	٠L
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	. [

7a	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	

	- at the first the organization mode the racte and organization quanto de a paster of capported
	organization
b	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

8	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	_
	instructions	

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				23 24		
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.")	46,492	56,550	51,568	128,050	171,790	454,450
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	52,830	74,778	167,816	127,491	119,055	541,970
3	Gross receipts from activities that are not an	02,000	74,770	107,010	127,101	110,000	041,070
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
1.5	benefit and either paid to or expended on	^					
	its behalf	İ	a		ANA		0
5	The value of services or facilities						
3	furnished by a governmental unit to the					=	
	organization without charge						77 O
6	Total. Add lines 1 through 5	99,322	131,328	219,384	255,541	290,845	996,420
	Amounts included on lines 1, 2, and 3	00,022	101,020	10,001	200,011	200,010	000, 120
10	received from disqualified persons						0
h	Amounts included on lines 2 and 3 received						
b	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		/				
	amount on line 13 for the year		(A)				0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						996,420
Sac	tine 6.)		7 (330,420
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	99,322	131,328	219,384	255,541	290,845	996,420
	Gross income from interest, dividends,	00,022	101,020	210,001	200,011	200,010	
iva	payments received on securities loans,	/					
	rents, royalties and income from similar sources .	43	12		46	93	194
h	Unrelated business taxable income (less		12		,,,		
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
_	Add lines 10a and 10b	//3	12	0	46	93	194
11	Net income from unrelated business	70	12		10		10 1
	activities not included in line 10b, whether		-				
	or not the business is regularly carried on .			П	_		0
12	Other income. Do not include gain or	\sim					
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)	99,365	131,340	219,384	255,587	290,938	996,614
14	First five years. If the Form 990 is for the o						
	organization, check this box and stop here	- C Company					▶
Sec	ction C. Computation of Public Su					· · · · · · · · · · · · · · · · · · ·	1000
15	Public support percentage for 2016 (line 8, c			(f))		15	99.98%
16	Public support percentage from 2015 Sched					16	99.98%
	ction D. Computation of Investmen					L	William Ville
17	Investment income percentage for 2016 (line			olumn (f))		17	0.02%
18	Investment income percentage from 2015 S					18	0.02%
	33 1/3% support tests—2016. If the organ					and line 17 is	
· Ju	not more than 33 1/3%, check this box and	stop here. The org	ganization qualifies	as a publicly supp	orted organization		▶ X
b	33 1/3% support tests—2015. If the organ						
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a pub	licly supported org	anization	▶ 🔼
20	Private foundation. If the organization did						

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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** 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.
- c 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.
- 4a 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.
- **b** 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.
- c 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c 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).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** 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**.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** 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.)

		Yes	No
	1		
	2	i sahi	
	2 3a		
	3b		
	3c_		H. 3
	4a		
	4b		i j
	4c		
	5a		29
	5b 5c		
	6		
	7 8		
	9a		
	9b		W Ş
	9c		
1	0a		
1	0b		# 1

Lair	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
b	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		7	
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		The said
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
04	the supported organization(s).	1		L
Sect	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		and the same	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			100
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	truction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instruc	ctions	;).
		Í	Yes	
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
(Alberton)	activities but for the organization's involvement.	2b		200
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pid the agree in the payor to provide the provide to provide a project of placetors of the officers, directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	9
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	izatio	ons must complete 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	0	0
5 Depreciation and depletion	5	A	
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	0	0
Section B - Minimum Asset Amount	9	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functionally instructions).	/ inte	egrated Type III supporting o	organization (see

Part	Iype III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported	d	
	organizations, in excess of income from activity	7 1989 E. 15 197		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	ations	
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.	2		0
8	Distributions to attentive supported organizations to which the	he organization is respo	nsive	
	(provide details in Part VI). See instructions.	×		7
9	Distributable amount for 2016 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0.000
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			0
	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:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2016 distributable amount			0
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2016 from			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	Pagaraga tahungan s
b	Applied to 2016 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
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.		0	
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2017. Add lines 3j	A		
	and 4c.	0		
8	Breakdown of line 7:			
а				
b	Excess from 2013 0			
С	Excess from 2014 0			
d	Excess from 2015 0			
е	Excess from 2016 0			

	form 990 or 990-EZ) 2016 Illinois Right to Life Committee	23-7080367	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and P	art IV, Section , lines 1c, 2a, 2b,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		-
-		\	
			• • • • • • • • •
8			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Employer identification number

Illinois Right to Life Committee		23-7080367
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
Check if your organization is co	vered by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7), instructions.	(8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contribution roperty) from any one contributor. Complete Parts I and II. See instructions butions.	
Special Rules		
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or at received from any one contributor, during the year, total contributions of amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Com	990-EZ), Part II, line the greater of (1)
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receivear, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitourposes, or for the prevention of cruelty to children or animals. Complete	able, scientific,
contributor, during the y contributions totaled mo during the year for an e General Rule applies to	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received, contributions exclusively for religious, charitable, etc., purposes, but note than \$1,000. If this box is checked, enter here the total contributions the exclusively religious, charitable, etc., purpose. Don't complete any of the part of this organization because it received nonexclusively religious, charitable, during the year	no such at were received arts unless the etc., contributions
990-EZ, or 990-PF), but it must	sn't covered by the General Rule and/or the Special Rules doesn't file Scho answer "No" on Part IV, line 2, of its Form 990; or check the box on line Hertify that it doesn't meet the filing requirements of Schedule B (Form 990,	of its Form 990-EZ or on its

Name of organization

Illinois Right to Life Committee

Employer identification number
23-7080367

Part I	Contributors (See instructions). Use duplicate copie	es of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Bob Bland 1512 Willo9w Creek Lane Darien IL 60561 Foreign State or Province: Foreign Country:	\$ 8,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Hillmert Trust PO Box 511 Chicago IL 60601 Foreign State or Province: Foreign Country:	\$44,468	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number 23-7080367

Illinois Rigl	nt to Life Committee		23-7080367
Part II	Noncash Property (See instructions). Use duplicate co	ppies of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of or	ganization nt to Life Committee			Employer identification number 23-7080367
Part III	Exclusively religious, charitable, etc., cor (10) that total more than \$1,000 for the ye the following line entry. For organizations co contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional s	ar from any o mpleting Part (Enter this inf	one contributor. Complete III, enter the total of exclusion once. See instruc	in section 501(c)(7), (8), or columns (a) through (e) and vively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZI		ransfer of gift Relationship	of transferor to transferee
(a) No	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZI		ransfer of gift Relationship	of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		/		
	Transferee's name, address, and ZI		ransfer of gift Relationship	of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	n n e y	(e) T	ransfer of gift	
	Transferee's name, address, and Zl	P + 4	Relationship	of transferor to transferee
	Ear Droy Country			

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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.

OMB No. 1545-0047
2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

ivairie	of the organization	Employer identification number
Illinoi	s Right to Life Committee	23-7080367
Part	Organizations Maintaining Donor Advised Funds or Of	ther Similar Funds or Accounts.
	Complete if the organization answered "Yes" on Form 990	
	(a) Donor advised fu	
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 that the	he consta held in depar advised
3		
c	funds are the organization's property, subject to the organization's exclus	
6	Did the organization inform all grantees, donors, and donor advisors in w	
	used only for charitable purposes and not for the benefit of the donor or or	
	purpose conferring impermissible private benefit?	Yes No
Part		
	Complete if the organization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization (check a	II that apply).
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically important land area
	Protection of natural habitat	Preservation of a certified historic structure
	The control of the co	
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conserve	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a		2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure include	Control of the Contro
d	Number of conservation easements included in (c) acquired after 8/17/06	5, and not on a
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization during
	the tax year	
4	Number of states where property subject to conservation easement is loc	eated •
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	is, and enforcing conservation easements during the year
	·	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, ar	nd enforcing conservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	V N-
9	In Part XIII, describe how the organization reports conservation easemen	
	balance sheet, and include, if applicable, the text of the footnote to the or	
	the organization's accounting for conservation easements.	
Part		I Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990	
40		
Id	If the organization elected, as permitted under SFAS 116 (ASC 958), not	
	works of art, historical treasures, or other similar assets held for public ex	
	of public service, provide, in Part XIII, the text of the footnote to its financial	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-	
	works of art, historical treasures, or other similar assets held for public ex	inibition, education, or research in furtherance
	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, or of	
	following amounts required to be reported under SFAS 116 (ASC 958) re	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Par	Organizations Maintaining Coll	ections of Art, Hist	orical Tr	easures, o	r Other Similar As	sets (cor	tinue	d)
3	Using the organization's acquisition, accessi	on, and other records,	check any	of the follow	ing that are a significa	ant use of it	S	/
	collection items (check all that apply):				0			
а	Public exhibition	d	Loan	or exchange	programs			
b	Scholarly research	e	Other		3 85			
С	Preservation for future generations] 00.					
4	Provide a description of the organization's co	alloctions and ovalain h	ow thou fu	orthor the ora	anization's avampt n	rnogo in D	ort	
	XIII.	onections and explain in	low they lu	ittle the orga	anization's exempt pu	iipose iii ra	art	
5	During the year, did the organization solicit of	or receive donations of a	art historio	al treasures	or other similar			
	assets to be sold to raise funds rather than to					☐ Ye	es 🗌	No
Part				,				
I di	Complete if the organization answ		990 Pa	rt IV line 9	or reported an am	ount on F	orm	
	990, Part X, line 21.	100 0111 0111	. 000, . a	,,	or reportor dire	ount on i	31111	
1a	Is the organization an agent, trustee, custodi	an or other intermediar	v for contr	ibutions or of	ther assets not			
	included on Form 990, Part X?					. TY	es	No
b	If "Yes," explain the arrangement in Part XIII					E		
						Amount		
С	Beginning balance				1c			0
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance		A STATE OF		1f			0
2a	Did the organization include an amount on F		\$55000	400000			es X	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation ha	is been provi	ded on Part XIII			
Part								
	Complete if the organization answ							
		Current year (b) Prio	or year	(c) Two years	back (d) Three years b	ack (e) Fo	ur years	back
1a	Beginning of year balance	0	0					
b	Contributions							
С	and losses							
d	Grants or scholarships							
e	Other expenditures for facilities							-
	and programs							
f	Administrative expenses	A \\						
g	End of year balance	Ŏ	0	100000000000000000000000000000000000000	0	0		0
2	Provide the estimated percentage of the curr	ent year end balance (l	line 1g, co	lumn (a)) hel	d as:			
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
3a	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		n that are	hold and adr	ministered for the			
Ja	organization by:	ssion of the organization	ni tilat ale	neia ana aai	ministered for the		Yes	No
						3a(i)		
						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza					3b		
4	Describe in Part XIII the intended uses of the	organization's endowr	ment funds	i.	b?	<u> </u>	A 1 =	
Part	하는 19 M 1 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2							
	Complete if the organization answ	vered "Yes" on Form	990, Pai	rt IV, line 11	a. See Form 990,	Part X, lin	e 10.	
	Description of property	(a) Cost or other basis		st or other	(c) Accumulated	(d) Bo	ook value	Э
		(investment)	basis	s (other)	depreciation			
1a	Land	0		0				0
b c	Buildings	0		0)	- 100	0
d	Equipment	0		0		0 .		0
е	Other	0		0				0
	I. Add lines 1a through 1e. (Column (d) must e		column (E	3). line 10c.) .				0

Part VII	Investments—Other Securities Complete if the organization ans		m 990 Part IV line 11h 9	See Form 990 Part X line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) N	Method of valuation: nd-of-year market value
(1) Financial o	derivatives		0	na or year market value
	eld equity interests	COLUMN TO THE STATE OF THE STAT	0	
(A)				The second secon
(B)				
(C)				
(E)			All and a second a	
(F)			420	
(G)				
(H)				
	nust equal Form 990, Part X, col. (B) line 12.)		0	
Part VIII	Investments—Program Relate		200 B 1 1 1 1 1 1	
	Complete if the organization ans	wered "Yes" on Fori		
	(a) Description of investment	(b) Book value		lethod of valuation: nd-of-year market value
(1)			- Control of	na or your market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				5
(9)				
Total. (Column (b) m	nust equal Form 990, Part X, col. (B) line 13.)		0	
Part IX	Other Assets. Complete if the organization ans	wered "Yes" on Form	m 990, Part IV, line 11d. S	See Form 990, Part X, line 15.
(1) Prepaid E	Expenses			14,350
_(2)			wallen on the second	
_(3)			***************************************	
(4)		\rightarrow		
(5)				
(6)		/		
<u>(7)</u>				
(8)				
	n (b) must equal Form 990, Part X, col.	(B) lino 15)		▶ 14,350
Part X	Other Liabilities. Complete if the organization ans line 25.	2	m 990, Part IV, line 11e o	
1.	(a) Description of liability	(b) Book value		
(1) Federal in			0	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ust equal Form 990, Part X, col. (B) line 25.)		0	
	ncertain tax positions. In Part XIII, provide			
organization's I	iability for uncertain tax positions under FII	N 48 (ASC 740). Check h	nere if the text of the footnote h	as been provided in Part XIII

Par		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	produce line 2	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3 4	Subtract line 2e from line 1	3	0
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b		
C	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	art V. lino 4: Par	t V lino
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		t A, IIIIe
2, ra	TEXT, lines 2d and 4b, and Fart XII, lines 2d and 4b. Also complete this part to provide any additional illion	nation.	
	·····		

Schedule D (Form	n 990) 2016	Illinois Right to Life (Committee			23-7080367	Page 5
Part XIII	Supp	Illinois Right to Life (lemental Informatio	n (continued)				
							
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number

Illinois Right to Life Committee 23-7080367 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants a Internet and email solicitations Solicitation of government grants b X Phone solicitations C Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) fundraiser listed in or entity (fundraiser) from activity contributions? organization col. (i) Yes No 1 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 6 0 0 0 7 0 0 0 8 0 0 0 0 0 0 10 0 0 0 0 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

			The second secon		come on Form 990-Ez	Z, lines 1 and 6b. List
		events with gross rece	(a) Event #1 Annual Benefit (event type)	00. (b) Event #2 Vision Event (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	112,175	5,350	1,530	119,055
Ä.	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	112,175	5,350	1,530	119,055
	4	Cash prizes			0	0
	5	Noncash prizes		1	0	0
enses	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages	32,782		0	32,782
Direc	8	Entertainment			0	0
	9	Other direct expenses	29,390	2,965	840	33,195
	10 11	Direct expense summary. Add Net income summary. Subtract	ct line 10 from line 3, colu	mn (d)		(65,977) 53,078
Pa	rt III	Gaming. Complete if t than \$15,000 on Form		ered "Yes" on Form 99	0, Part IV, line 19, or r	reported more
enue		than \$13,000 on 1 onn	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2					0
xpens		Cash prizes				0
	3	Cash prizes				
irect E	3	4				0
Direct Expenses		Noncash prizes			Voc. 9/	0
Direct E	4	Noncash prizes	Yes % No	Yes % No	Yes % No	0
Direct E	4 5	Noncash prizes	No	No	No	0
Direct E	4 5 6	Noncash prizes	No I lines 2 through 5 in colum	No	No No	0 0 0
Direct E	4 5 6 7 8	Noncash prizes	No I lines 2 through 5 in colur Subtract line 7 from line ganization conducts gami	mn (d)	No	0 0 0 0 0 (0)
9	4 5 6 7 8 E a Is	Noncash prizes	No I lines 2 through 5 in colur Subtract line 7 from line ganization conducts gami anduct gaming activities in	mn (d)	No No	0 0 0 0 0 (0) 0
9	4 5 6 7 8 El a Is b If	Noncash prizes	No I lines 2 through 5 in colur Subtract line 7 from line ganization conducts gami anduct gaming activities in	nn (d)	No No during the tax year?	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Sched	ule G (Form 990 or 990-EZ) 2016 Illinois Right to Life Committee	23	-7080367	Page	3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	— ∏ No	
13	Indicate the percentage of gaming activity conducted in:	ì			
а	The organization's facility	13a		9	%
b	An outside facility	13b		9	6
14	Enter the name and address of the person who prepares the organization's gaming/special events books				
	and records:				
	Name ▶				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
			Yes	☐ No	
b	revenue?				
	amount of gaming revenue retained by the third party ► \$ 0.				
С	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ►				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ► \$0				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Yes	No	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations				
Dort	or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns	· (iii) ·	and (v):		0
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			anu	
	See instructions				
					_
					1770
					-

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
Illinois Right to Life Committee	23-7080367
Form 990, Part III, Line 2: Illinois Right to Life entered into new programming this year. The	
Program is called Heart to Heart and its main purpose is to provide information to high school	
students through videos and speaker presentations.	
Form 990, Part VI, Section B, Line 15: The organization monitiors salaries by comparing to	
other organizations and analyzing industy norms.)
	
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
Illinois Right to Life Committee	23-7080367
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PMT#	e Use Only	Attorney General LISA MADIGAN Sta Charitable Trust Bureau, 100 West I	ate of Illinois Randolph		Form AG990-II Revised 3/09
AMT -	_ =	11th Floor, Chicago, Illinois 60	601 CO	# 010	05669 all items attached:
		Report for the Fiscal Period:	X		IRS Return
			<u> </u>	7	Financial Statements
INIT		Beginning4/1/2016	Make Checks Payable to the Illinois	-	Form IFC
		& Ending 3/31/2017	Charity Bureau Fund		Annual Report Filing Fee
F-J	- I ID # XX XXXXXXX	& Ending 3/31/2017 MO DAY YR	2010007 0110] \$100.00	Late Report Filing Fee
	al ID <u>#_XX-XXXXXX</u> ntributions to the organ	ization tax deductible? X Yes No Da	ate Organization wa	n areated	MO DAY YR
7 11 0 001	nandadio to the organ	ization tax deductible: X Tes No De	Year-end	s created	
	EGAL		amounts		
100	NAME Illinois Right	to Life Committee	A) ASSETS	A) \$	128,252
ADD	MAIL PO Box 511		B) LIABILITIES	B) \$	12,338
CITY, S	STATE Chicago	JL S	C) NET ASSETS	C) \$	115,914
ZIP	CODE 60601			1100	
I. SI	UMMARY OF ALL F	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
D)	PUBLIC SUPPORT, CO	ONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100%	D) \$	290,846
E)	GOVERNMENT GRAN	TS & MEMBERSHIP DUES	%	E) \$	0
F)	OTHER REVENUES		%	F) \$	93
G)	TOTAL REVENUE, INC	COME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$	290,939
II. S	UMMARY OF ALL E	EXPENDITURES DURING THE YEAR:			
H)	OPERATING CHARI	TABLE PROGRAM EXPENSE	70%	H) \$	176,812
I)	EDUCATION PROGR	RAM SERVICE EXPENSE	%	I) \$	
J)	TOTAL CHARITABL	E PROGRAM SERVICE EXPENSE (ADD H & I)	70%	J) \$	176,812
J1)	JOINT COSTS ALLO	CATED TO PROGRAM SERVICES (INCLUDED IN J): \$			
K)	GRANTS TO OTHER	CHARITABLE ORGANIZATIONS	%	K) \$	0
L)	TOTAL CHARITABL	E PROGRAM SERVICE EXPENDITURE (ADD J & K)	70%	L) \$	176,812
M)	MANAGEMENT AND	GENERAL EXPENSE	17%	M) \$	42,772
N)	FUNDRAISING EXPE	ENSE	14%	N) \$	34,729
O)	TOTAL EXPENDITU	RES THIS PERIOD (ADD L, M, & N)	100%	O) \$	254,313
III. SI	UMMARY OF ALL P	AID FUNDRAISER AND CONSULTANT ACTIVITIES:			
	ttach Attorney General Report	of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
P)		ISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$	
Q)	TOTAL FUNDRAISE	RS FEES AND EXPENSES	%	Q) \$	
R)		THE CHARITY (P MINUS Q=R)	%	R) \$	0
PF S)		AISING CONSULTANTS: D.TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	(4
	IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			σ, φ	
		The section is the section of the se			
T)	NAME, TITLE:	Emily Troscinski		T) \$	50,000
<u>U)</u>	NAME, TITLE:	Denise Zabor		U) \$	30,000
V)	NAME, TITLE:	Regina D'Amico		V) \$	32,000 pack side of instructions
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES CODE					
W)	DESCRIPTION:	Client Outreach		W) # 11	11
X)	DESCRIPTION:			X) #	

Y) #

Y)

DESCRIPTION:

 	Illinois Right to Life Committee XX	-XXXXXX	XX
IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?3	1.0	X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?4		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?5		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)6		Х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR		
	LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?7		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ 0; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?8		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?9		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION		
	MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 10		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
	First Natl Bank of LaGrange #1441	***************************************	
	Capital One Bank #5614		
	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Rosemary Hackett 312-422-9300		
ALI	ATTACHMENTS MUST ACCOMPANY THIS PEPOPT. SEE INSTRUCTIONS		

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
Lonnie Hensley	407	11/16/2017
PREPARER (PRINT NAME)	SIGNATURE \	DATE
	/ \	