Return of Organization Exempt From Income Tax

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| | | | | | | | | | |
|--|--|-------------------|---|------------------|----------------------------------|-------------------------------|--|--|--|
| <u> </u> | For the | 2018 cale | ndar year, or tax year beginning , 2018, and endi | ng | · | <u>,</u> 20 | | | |
| В | Check if a | applicable | C Name of organization Priests for Life, Inc. | | D Employer identification number | | | | |
| | Address o | change | Doing business as Priests For Life, Inc. | 94-3123315 | | | | | |
| | Name cha | ange | Number and street (or P O box if mail is not delivered to street address) Room/s | uite | E Telepho | ne number | | | |
| ~ | Initial retu | ırn | 5211 S Washington Avenue | | | 321.500.1000 | | | |
| $\overline{}$ | | n/terminated | | | | | | | |
| \exists | Amended | | Titusville, FL 32780 | | G Gross re | eceipts \$ 10,649,738 | | | |
| \exists | | | F Name and address of principal officer Fr Frank Pavone | Har le this s. s | | subordinates? Yes No | | | |
| _ | Application | - | 5211 S Washington Avenue Titusville, FL 32780 | _ | | sincluded? Yes No | | | |
| | T | | | | | a list (see instructions) | | | |
| <u>. </u> | Tax-exem Website: | | | _ | | • | | | |
| <u>J</u> | | | w.priestsforlife.org | H(c) Group | | | | | |
| _ | | | ✓ Corporation Trust Association Other ► L Year of form | ation 1990 | M State | of legal domicile FL | | | |
| F | art I | Summ | | | | | | | |
| | 1 | Briefly de | escribe the organization's mission or most significant activities: To un | ite, encourag | e and pro | vide ongoing training | | | |
| Activities & Governance | <u>t</u> | to priests | and deacons who give a special emphasis to the "life issues"; especially | abortion and | euthanas | ia in their ministries. To | | | |
| ā | <u> i</u> | instill a se | ense of urgency in all clergy to teach about these issues and mobilize thei | r people to he | lp stop al | portion and euthanasia. | | | |
| ver | 2 (| Check th | is box $lacktriangle$ of the organization discontinued its operations or disposed | of more than | 25% of | its net assets. | | | |
| Ĝ | 3 1 | Number (| of voting members of the governing body (Part VI, line 1a) | | 3 | 13 | | | |
| ≪ಶ | 4 1 | Number (| of independent voting members of the governing body (Part VI, line 1b |) | 4 | 7 | | | |
| ies | 5 | Total nun | nber of individuals employed in calendar year 2018 (Part V, line 2a) | | 5 | 40 | | | |
| Ξ | 1 | | nber of volunteers (estimate if necessary) | | 6 | 14 | | | |
| Aci | 1 | | elated business revenue from Part VIII, column (C), line 12 | | 7a | 0 | | | |
| | 1 | | ated business taxable income from Form 990-T, line 38 | | 7b | | | | |
| | | | | Pnor Ye | | Current Year | | | |
| Revenue | 8 (| Contribut | tions and grants (Part VIII, line 1h) | 41 | 3,178,206 | | | | |
| | 1 | | service revenue (Part VIII, line 2g) RECEIVED | <u></u> | 3,170,200 | 10,044,273 | | | |
| | 1 | _ | | | | | | | |
| æ | 1 | | nt income (Part VIII, column (A), lines 3, 4, and 7d) | | 23,286 | 5,465 | | | |
| | 11 (| Other rev | renue (Part VIII, column (A), lines 5, 6 8c, 9c, 10c pand 1 de) | | | | | | |
| | | | enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1; | 3,201,492 | | | | |
| | 1 | | nd similar amounts paid (Part IX, colur hn (A), lines 1-3) | | 270,106 | 289,040 | | | |
| | | | paid to or for members (Part IX, column (A) (定) 在N, UT | | | | | | |
| es | 1 | | other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,382,246 | 2,586,499 | | | |
| Expenses | 16a F | Professio | onal fundraising fees (Part IX, column (A), line 11e) | | 210,000 | 210,000 | | | |
| ă | b 1 | Total fund | draising expenses (Part IX, column (D), line 25) ▶ | | | | | | |
| ш | 17 (| Other exp | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 9,304,538 | 7,443,009 | | | |
| | 18 1 | Total exp | enses Add lines 13-17 (must equal Part IX, column (A), line 25) | 1: | 2,166,890 | 10,029,508 | | | |
| | 19 F | Revenue | less expenses. Subtract line 18 from line 12 | | 1,034,602 | | | | |
| ₽ % | | | | Beginning of Cu | rrent Year | End of Year | | | |
| sets or | 20 | Total ass | ets (Part X, line 16) | | 4,755,356 | 5,091,718 | | | |
| ABa | 21 | | ılıtıes (Part X, line 26) | | 1,937,176 | ·· | | | |
| Net Ass Fund Ba | 22 1 | | ts or fund balances. Subtract line 21 from line 20 | | 2,818,180 | | | | |
| | art II | | ture Block | | 2,010,100 | 0,700,110 | | | |
| | | | ry, I declare that I have examined this return, including accompanying schedules and stat | ements and to t | he hest of r | ny knowledge and belief it is | | | |
| tru | e, correct, | and comp | ete Declaration of preparer (other than officer) is based on all information of which prepare | er has any know | ledge | / | | | |
| X 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | | |
| Sig | an ∤ | | ature of officer | Da | te | //-/ | | | |
| He | | | MADIE MAUNA- DAGE CFT |) | / | | | | |
| | | Type | or print name and title | <u> </u> | | | | | |
| _ | | | | Date | | PTIN | | | |
| Pa | | i i i | | | Check self-em | □ # | | | |
| | eparer | | | | | 5.07.00 | | | |
| Use Only | | / Firm's n | | | n's EIN ► | | | | |
| N # - | Ab = ID/ | | ddress > | Pho | ne no | | | | |
| | | | s this return with the preparer shown above? (see instructions) . | <u> </u> | · · · | Yes No | | | |
| For | Paperwo | ork <u>-R</u> edu | ction Act Notice, see the separate instructions. Cat | No 11282Y | | Form 990 (2018) | | | |



| Part | |
|------|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | Formed to identify, educate, network and encourage Catholic clergy to teach and preach effectively about the defense of human life from abortion and euthanasia, in the context of a consistent ethic of life and to educate lay people on these issues and work in an |
| | Interdenominational context. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| _ | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | services? |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| • | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported. |
| | |
| 4a | (Code:) (Expenses \$ |
| | Education of Clergy - Through the travels of its pastoral team to visit parishes and present seminars, through media broadcasts and |
| | publications and through regular one-on-one consultation given to priests around the world, the Priests for Life, Inc. pastoral team |
| | continued to educate and equip priests, deacons and seminarians to effectively proclaim the pro-life message and compassionately |
| | counsel those tempted to have abortions and bring healing and forgiveness to those who have already had abortions. In particular, |
| | the liturgical resources and homily hints, in English and Spanish, continue to be provided in print, on You Tube channels, and |
| | through a smartphone app. These liturgical resources cover every Sunday of the three-year liturgical cycle. In 2018, our staff made hundreds of individual phone calls to priests around the country who have asked for our assistance or participated in our projects, so |
| | that we could encourage these priests in their mission of proclaiming the Gospel of Life. A common resource we distributed to them |
| | is Fr. Frank's book Proclaiming the Message of Life, which has pro-life commentaries on the readings of every Sunday of the Year for |
| | for all three years in the liturgical cycle. |
| | |
| | |
| 4b | (Code:) (Expenses \$ |
| | International Outreach - In 2018, Priests for Life marked its 15th year of international outreach at the United Nations as a Non-Govern- |
| | mental Organization(NGO)in Special Consultative Status with the Economic and Social Council by participating in critical conferences |
| | in NY. These included the 56th Session of the Commission on Social Development, the 62nd Session of the Commission of the Status |
| | of Women and the 51st Session of the Commission on Population and Development. Priests for Life gave representations |
| | to the U.S. Department of Health and Human Services (HHS) which was charged with leading its delegation to the 71st World Health |
| | Assembly. Priests for Life participated in the Organization of American States' 48th Regular Session of General Assembly and provided international aid and support, conducted research, wrote and published on Pro Life themes. Priests for Life also took part |
| | in the international work of The Forum for Catholic-inspired NGOs. Through the Parliamentary Network for Critical Issues (PNCI) |
| | we have also continued to provide assistance to other nations as they seek to protect the unborn (for instance, this year in the pro-life |
| | battles in Ireland and Argentina, among others). |
| | |
| | |
| 4c | (Code ⁻) (Expenses \$ 366,261 including grants of \$) (Revenue \$) |
| | Media - In media outlets of a Catholic, interdenominational, and secular nature, Priests for Life team members continued to make |
| | hundreds of regular appearances throughout the year. Our two series on EWTN (Defending Life and The Catholic View for Women) |
| | aired new episodes this year and we taped more for next year. Likewise, regular appearances on Newsmax TV, on FOX News Channel, |
| | One America News and on numerous other television and radio outlets, internet broadcasts and podcasts continued throughout 2018. |
| | Residing at EndAbortion.TV, the internet broadcasting channel of Priests for Life was launched in the first part of 2018, once we were |
| | fully settled into our new television studio, and obtained the necessary technical equipment. The channel has begun, with a mixture of |
| | live and pretaped programming as announced, and will eventually expand into 24/7 broadcasting on all aspects of the fight to end end abortion. The broadcasting channel is comprised of programming produced by the Priests for Life team and covering pro-life |
| | events across the the globe, talks and seminars, homilies and prayer vigils, interviews and press conferences, music videos and |
| | pro-life concerts, inspirational messages and promotion of pro-life products. Fr. Frank Pavone and some members of the pastoral |
| | team appear in online publications every several days . They are regular columnists for outlets like Newsmax.com, Breitbart, |
| | LifeNews.com, and many others. |
| 4d | Other program services (Describe in Schedule O) |
| | (Expenses \$ 5,860,166 including grants of \$ 289,040) (Revenue \$) |
| 4e | Total program service expenses ▶ 7,325,209 |

| Part | 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 | 1 | / | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | ~ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | v |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | ~ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | , |
| 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 | | , |
| 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 | | , |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | 1 | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9_ | | v |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . | 10 | | , |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | , | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | , |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | , |
| 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 | | , |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ~ |
| 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 | v | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | , | |
| b | 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 | 12b | | ~ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | V |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | - |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | , |
| 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 | | , |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | , |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | , | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 | | , |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | , |
| 20 a | | 20a | | ~ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | ļ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I. Parts I and II | 21 | _ | |

| Part | Checklist of Required Schedules (continued) | | | |
|---------|---|---------------|-------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | , |
| 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 employees? If "Yes," complete Schedule J | 23 | , | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ~ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . | 24b | | ~ |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | , |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ~ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ~ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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 | | V |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | ' |
| 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 | | • |
| 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): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . | 28a | | 1 |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ~ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | <u></u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ~ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | / |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ~ |
| 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 | | / |
| 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 | | ~ |
| 34 | 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 | , | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ~ |
| 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 organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 36 | | ~ |
| 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 VI | 37 | | ~ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | , | |
| Part | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | <u>· · · </u> | V | <u> </u> |
| 10 | Enter the number reported in Box 3 of Form 1006. Enter -0, if not applicable | | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | ~ | |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|---------|--|-------------|-----|----------|
| | Salar the number of employees asserted as Same IV O. Tarasan No. of IV as and Tarab | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 40 | <u> </u> | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ~ | |
| 20 | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | За | | ~ |
| 3a b | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | - |
| _ | | 30 | | _ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ~ |
| b | If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . | 5a | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ~ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 7a | | |
| h | and services provided to the payor? | 7a 7b | | |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 70 | | |
| С | required to file Form 8282? | 7c | | , |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | <u> </u> |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ~ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. | 7f | | - |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | _ |
| h | 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? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 40 | against amounts due or received from them.) | | | |
| 12a | 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 . Section 501(c)(29) qualified nonprofit health insurance issuers. | | | i |
| 13 a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | - | <u> </u> |
| a | Note. See the instructions for additional information the organization must report on Schedule O. | iJa | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ~ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| - | excess parachute payment(s) during the year? | 15 | | " |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | ~ |
| | If "Yes," complete Form 4720, Schedule O | | | |

| Part | | | | | | | | | |
|-------|--|--------------------------------|----------|-------------|---------------|--|--|--|--|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI | | ee ii is | uucu | 1011S. [7] | | | | |
| Secti | on A. Governing Body and Management | · · · · · | • • | · · | · <u>L.</u> | | | | |
| | | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year. | 1a 13 | | - | | | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | | | | |
| | committee, explain in Schedule O. | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . | 1b 7 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business is any other officer, director, trustee, or key employee? | elationship with | | | <u></u> | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other | | 3 | | , | | | | |
| 4 | 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | on's assets? | 5 | | ~ | | | | |
| 6 | Did the organization have members or stockholders? | | 6 | | ~ | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body? | elect or appoint | 7a | | , | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body? | by) members, | 7b | | ~ | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions un the year by the following: | dertaken during | | | | | | | |
| а | The governing body? | | 8a | ァ | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | ~ | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | t be reached at | | | | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule C | | 9 | | ~ | | | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the | e Internal Reven | ue Co | ode.) | | | | | |
| | | | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | ~ | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple. | | 10b | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | ore filing the form? | 11a | ~ | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | $oxed{oxed}$ | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | 12b | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the process of the compliance with th | oolicy? If "Yes," | 40- | | | | | | |
| 40 | describe in Schedule O how this was done | | 12c | <u> </u> | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | 13 14 | <u> </u> | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review a | | 17 | | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | 45 | | | | | | |
| a | The organization's CEO, Executive Director, or top management official | | 15a | | | | | | |
| Ь | Other officers or key employees of the organization | • • | 15b | | | | | | |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simi | lor orreneemen | | | | | | | |
| 16a | with a taxable entity during the year? | | 16a | _ | 7 | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to | | | | | | | | |
| | organization's exempt status with respect to such arrangements? | | 16b | | <u> </u> | | | | |
| | on C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE 0 | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sci. | it apply. h <i>edule 0)</i> | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year. | nts, conflict of inte | erest | policy | y, and | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization | on's books and red | cords | > | | | | | |
| | Danielle Malina-Jones 5211 S Washington Avenue Titusville, FL 32780 | | | | | | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

| Check this box if neither the organization | nor any relate | d org | anız | atic | n c | ompe | nsa | ited any currer | it officer, director | , or trustee |
|--|--|----------|-----------------------|--|--------------|------------------------------|--------------|--|----------------------------------|--|
| | | | | (6 | C) | | | | | |
| (A) | (B) | (do n | at at | | ition | a than a | 200 | (D) | (E) | (F) |
| Name and Title | Average | | | theck more than one ess person is both an | | | | Reportable | Reportable | Estimated |
| | hours per week (list any | ├ | | | _ | or/trust | - | compensation from | compensation from related | amount of other |
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Father Frank Pavone | 80 | | | | | | | | | |
| National Director | | ' | | ~ | | | | 14,434 | o | 12,578 |
| (2) Janet Morana | 60 | | | | | | | | | |
| Executive Director | | ~ | | ~ | <u> </u> | | | 182,434 | o | 13,478 |
| (3) Father Denis Wilde, OSA | 40 | | | | | | | | | |
| Associate Priest | | ~ | | | | | | 36,000 | 0 | 0 |
| (4) Father Walter Quinn, OSA | 30 | | | | | | | | | |
| Associate Priest | | ~ | _ | | ļ | | | 29,200 | 0 | 0 |
| (5) Alveda King | 40 | | | | | | | | | |
| Director of Civil Rights for the Unborn | | ~ | <u> </u> | | | | <u> </u> | 70,885 | 0 | 942 |
| (6) Anthony DeStefano | 60 | | | ١. | | | | | | |
| Associate Director/International Director | | ~ | <u> </u> | ~ | | | ļ | 183,836 | 0 | 26,413 |
| (7) Mark Crutcher | .5 | | | | | | | | | |
| Member Board of Directors | | ~ | <u> </u> | - | - | | ļ | 0 | 0 | 0 |
| (8) Father Dennis Cooney | .5 | ١. | ł | | ĺ, | | | | | |
| Member Board of Directors | | ~ | <u> </u> | - | Ľ | | ļ | 0 | 0 | <u> </u> |
| (9) Michael Nierva | .5 | , | | | İ | | | | | |
| Member Board of Directors | _ | - | - | | - | | | 0 | 0 | 0 |
| (10) Paul Joseph A. Magahis | .5 | , | | ļ | | | | | | _ |
| Member Board of Directors | | | - | ⊢ | ┝ | | | 0 | 0 | 0 |
| (11) David Rosa | .5 | , | | İ | | | | 1 _ | | |
| Member Board of Directors | | _ | ├ | <u> </u> | ļ | - | | 0 | 0 | 0 |
| (12) Andrew Smith | .5 | - | | | | | | _ | | |
| Member Board of Directors | | | ├ | ├ | | - | ├ | 0 | _0 | 0 |
| (13) Roger Baler | .5 | 1 | | | | | | _ | | _ |
| Member Board of Directors | | - | \vdash | - | - | - | - | 0 | 0 | 0 |
| (14) Avelino Valonzo | 55 | ł | | , | } | | | 400 000 | | 05.400 |
| Chief Operating Officer | | | <u> </u> | | <u> </u> | | | 128,808 | 0 | 35,403 |

| Part | VI Section A. Officers, Directors, Trust | tees, Key E | mploy | yees | s, a | nd F | lighe | st C | compensated E | mployees (| continue | ed) | | |
|-----------------------|---|--|---|-----------------------|---------|--------------|------------------------------|-------------|--|--|----------|------------------------|---|--------|
| (A) Name and title | | (B) Average hours per week (list any | Position (do not check more this box, unless person is to officer and a director/the position of the position | | | | | an tee) | (D) Reportable compensation from | (E) Reportab compensation related | n from | other | | |
| | | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatio (W-2/1099-N | | fror organ and r | ensation in the nization related izations | 1 |
| (15) | Danielle Malına-Jones | 60 | | | | | | | | | | | | |
| | Financial Officer | 10 | | | ~ | | | | 126,336 | 4 | 1,337 | | 3 | 88,333 |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | - | | | - | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | | , | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b | Sub-total | | <u> </u> | <u> </u> | • | | | > | 771,933 | 4 | 1,337 | | 12 | 27,147 |
| С | Total from continuation sheets to Part | VII, Sectio | n A | | | | | ▶ | 0 | | 0 | | | 0 |
| d | | <u> </u> | | | | | | <u> </u> | 771,933 | | 1,337 | | 12 | 27,147 |
| 2 | Total number of individuals (including but reportable compensation from the organic | | to th | iose | lisi | ted | above | e) w | tho received m | ore than \$1 | 00,000 | ot | | |
| | reportable compensation from the organi | Zation | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of | ficer, direc | tor, c | or tr | ust | ee. | key e | emp | olovee, or high | est compe | ensated | | | |
| | employee on line 1a? If "Yes," complete | | | | | | | · | | | | 3 | | ~ |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | | |
| | organization and related organizations individual | greater th | an \$1 | 150, | 000 |)? /: | f "Ye | s," | complete Sch | edule J fo | r such | 4 | ~ | |
| 5 | Did any person listed on line 1a receive of | or accrue co | omne | nsat | tion | fro | m anv | / IIIn | related organiz | ration or inc | dividual | 1 | | - |
| | for services rendered to the organization | | | | | | | | | | | 5 | | ~ |
| Section | on B. Independent Contractors | | | | | | | | - | | | | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | • | | | | | | | | | | | | ax |
| | (A) Name and business add | fress | | | | | | | (B) Description of s | ervices | С | (C) Compens | ation | |
| Ameri | can Target Advertising,Inc.9625 Surveyor Co | urt Ste400 l | Manas | sas | ,VA | 201 | 10 | Ma | rketing/Messag | ing | | | 56 | 6,214 |
| | ve Direct, Inc. 13860 Redskin Drive Herndon, | | | | | | | - | nting | | | | | 34,566 |
| | Catholic Marketing LLC 6440 Sky Pointe Drive Ste 140-441 las Vegas, NV 89131 Fundraising 210,000 Strategic Communications 3549 Charlene Road Bartlett, TN 38135 Media 187,031 | | | | | | | | | | | | | |
| | gic Communications 3549 Charlene Road Ba rsal Media Productions 55 Stevenson Drive N | - | | 16 | | | | - | deo Production | | | | | 50,000 |
| 2 | Total number of independent contractor | | | | ot | lımıt | ed to | • | | ove) who | | | | , |
| | received more than \$100,000 of compens | • | - | | | | | | 8 | , | | | | |

| Part | VIII | Statement of Revenue | | | | | |
|--|------|--|---------------|----------------------|--|---|--|
| | | Check if Schedule O contains a respons | se or note to | any line in this | Part VIII . | | <u></u> 🗆 |
| | | • | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| nts nts | 1a | Federated campaigns 1a | | | | | |
| ìrai | b | Membership dues 1b | | | | | |
| s, C Am | С | Fundraising events 1c | | | | | |
| Sift lar | d | Related organizations 1d | | | | | |
| in: | e | Government grants (contributions) 1e | | | | | , and the second |
| tio r S | f | All other contributions, gifts, grants, | | | | | |
| ig g | | and similar amounts not included above 1f | 10,644,273 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| <u>ဒီ မ</u> | h | Total. Add lines 1a-1f | ▶ | 10,644,273 | | | |
| E | | Bu | siness Code | | | | |
| Ver | 2a | | | | | | |
| 8 | b | | | | | | |
| <u>vi</u> ce | С | | | | | | |
| Ser | d | | | | | | |
| Æ | e | | | | | | |
| Program Service Revenue | f | All other program service revenue. | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends | i, interest, | | | | |
| | | and other similar amounts) . | | 5,465 | <u>_</u> _ | | 5,465 |
| | 4 | Income from investment of tax-exempt bond p | roceeds • | | | | |
| | 5 | Royalties | ii) Personal | | | | |
| | | <u> </u> | ii) Personai | | | | İ |
| | 6a | Gross rents | | | | | |
| | b | Less rental expenses | | | | • | i |
| | C | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) Grass amount from sales of (i) Securities | (ii) Other | | · · · - | | |
| | 7a | aloss alliquit from sales of | (ii) Other | | | | |
| | ١. | assets other than inventory | | | | | |
| | b | Less cost or other basis | | | | | 1 |
| | | and sales expenses . | | | | | |
| | C | Gain or (loss) Net gain or (loss) | | - | | | |
| | d | Net gain or (loss) | ▶ | | | | |
| e | 8a | Gross income from fundraising | | | | | |
| eune | - Oa | events (not including \$ | | | | | |
| ě | | of contributions reported on line 1c) | | | | | |
| F. | | See Part IV, line 18 | | | | | |
| Other Rev | ь | Less: direct expenses b | | | | | |
| 0 | | Net income or (loss) from fundraising ever | nts 🕨 | - | | | |
| | | Gross income from gaming activities. | | | | | |
| | | See Part IV, line 19 a | | | | | |
| | ь | Less. direct expenses b | | | | | |
| | 1 | Net income or (loss) from gaming activitie | s > | | ······································ | | |
| | | Gross sales of inventory, less | | | | , | |
| | | returns and allowances a | | | | | |
| | ь | Less: cost of goods sold b | | | | | |
| | ı | Net income or (loss) from sales of invento | ry 🕨 | | | | |
| | | | siness Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | > | | | | |
| | 12 | Total revenue. See instructions . | ▶ | 10,649,738 | | | 5,465 |

Part IX Statement of Functional Expenses

| Section | n 501(c)(3) and 501(c)(4) organizations must con | nplete all columns. A | ll other organization | s must complete co | lumn (A) |
|---------|---|-----------------------|--|--------------------|--------------------------------|
| | Check if Schedule O contains a respon | se or note to any lin | ie in this Part IX . (B) Program service | (C) | |
| | t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII. | | | | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | - | | | |
| | and domestic governments. See Part IV, line 21 | 289,040 | 289,040 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 899,080 | 534,113 | 364,967 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 655,060 | 334,113 | 304,307 | |
| 7 8 | Other salaries and wages | 1,164,762 | 873,572 | 291,190 | |
| 9 | Other employee benefits | 317,631 | 238,223 | 79,408 | |
| 10 | Payroll taxes | 205,026 | 153,770 | 51,256 | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | 155,419 | 116,564 | 38,855 | |
| C C | Accounting | 51,875 | 38,906 | 12,969 | |
| d e | Lobbying | 210.000 | | | 210.000 |
| f | Investment management fees | 210,000 | <u></u> | - | 210,000 |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 75,605 | 56,704 | 18,901 | |
| 13 | Office expenses | 81,267 | 60.950 | 20,317 | |
| 14 | Information technology | 196,849 | 147,637 | 49,212 | |
| 15 | Royalties | | , | | · |
| 16 | Occupancy | | | | |
| 17 | Travel | 595,760 | 446,820 | 148,940 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 47,607 | 35,705 | 11,902 | |
| 20 | Interest | 51,079 | 38,309 | 12,770 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 132,111 | 99,083 | 33,028 | |
| 23 | Insurance | 63,442 | 47,581 | 15,860 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Int'l Develop./Strategic Plan/Admin.Research | 785,007 | 588,755 | 196,252 | · |
| b | Commun /Postage/Shipping/Printing/Publicatio | 3,709,760 | 2,755,760 | 238,834 | 715,166 |
| C | Maint./Repair/Credit Card & Bank Fees/Dues | 269,061 | 124,216 | 144,845 | |
| d | List Acquis./Clergy Fax & EMail Blasts/Media | 729,127 | 679,501 | | 49,626 |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 10,029,508 | 7,325,209 | 1,729,506 | 974,793 |
| 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

| 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Compilete Part II of Schedule L 6 Loans and other receivables from other disqualind persons (as defined under section 9858(f)), persons described in section 4958(g)(3), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Compilete Part II of Schedule L 7 Notes and loans receivable, net 8 personal description of the description of the basis Compilete Part II of Schedule D 9 Prepared expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Compilete Part II of Schedule D 10b 982,846 2,901,186 10c 2,927,365 11 Investments – publicly traded securities 12 Investments – program-related. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intargible assets 5 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,753,885 16 5,091,711 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrivor or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Loans and other payables to unrelated third parties 25 Grants payable to a lorent and former officers, directors, directors, and other payables to unrelated third parties 26 Total liabilities, and lines 33 and 34. 17 Unrestricted net assets 1,1,021,000 28 1,332,717 29 Permanentily restricted net assets 1,021,000 28 1,332,717 29 Permanentily restricted net assets 1,021,000 28 1,3312,713 20 Capital stock or trust principal, or current funds 21 Retained earnings, andrownent, accumulated innorne, or other | | | | | | (A) Beginning of year | | (B) End of year |
|--|-------|-----|--|-----------------------|--|--------------------------|--|-------------------------------------|
| Pledges and grants receivable, net Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Notes and other receivables from the disqualified persons (as defined under section 4958(f)(I)), persons described in section 4958(g)(S)(B), and contributing employers and sponsoring organizations of section 501(g)(g) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Notes and loans receivable, net Prepard expenses and deferred charges Prepard expenses and deferred charges Investments – other securities. See Part IV, line 11 Investments – other securities. See Part IV, line 11 Investments – other securities. See Part IV, line 11 Investments – other securities. See Part IV, line 11 Infragible assets. This distribution is seed and accrued expenses. Prepard expenses and defered charges. Intrestments – other securities. See Part IV, line 11 Investments – other securities. See Part IV, line 11 Intragible assets. This distribution is seed of the securities of the securities of the securities. See Part IV, line 11 The counts payable and accrued expenses. Sequential preparation of the payable in the paya | | 1 | Cash-non-interest-bearing | | | 146.925 | 1 | 255.653 |
| 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Compilete Part II of Schedule L 6 Loans and other receivables from other disqualind persons (as defined under section 9858(f)), persons described in section 4958(g)(3), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Compilete Part II of Schedule L 7 Notes and loans receivable, net 8 personal description of the description of the basis Compilete Part II of Schedule D 9 Prepared expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Compilete Part II of Schedule D 10b 982,846 2,901,186 10c 2,927,365 11 Investments – publicly traded securities 12 Investments – program-related. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intargible assets 5 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,753,885 16 5,091,711 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrivor or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Loans and other payables to unrelated third parties 25 Grants payable to a lorent and former officers, directors, directors, and other payables to unrelated third parties 26 Total liabilities, and lines 33 and 34. 17 Unrestricted net assets 1,1,021,000 28 1,332,717 29 Permanentily restricted net assets 1,021,000 28 1,332,717 29 Permanentily restricted net assets 1,021,000 28 1,3312,713 20 Capital stock or trust principal, or current funds 21 Retained earnings, andrownent, accumulated innorne, or other | | 2 | <u> </u> | | - | | | 4,814 |
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| 34 Total liabilities and net assets/fund balances | Z | 33 | | | | | - | 3,438,410 |
| | | 34 | Total liabilities and net assets/fund balances . | | <u> </u> | 4.755.356 | 34 | 5.091.718 Form 990 (2018) |

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| Form 99 | 0 (2018) | | | Pa | age 12 |
|---------|--|----------|---------|--|---------------|
| Part | 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) | 1 | | 10,64 | 49,738 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | _ | 10,02 | 29,508 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | _ | 62 | 20,230 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 18,180 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 3,43 | 38,410 |
| 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 ☑ Accrual ☐ Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plaın ın | | | } |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | <u> </u> | 1 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | piled or | | | i j |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | ~ | L |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed on a | | | |
| | separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | ئـــــا |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | | 2c | ~ | L., |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain in | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | | | ١. |
| | the Single Audit Act and OMB Circular A-133? | • | 3a | | ~ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | 25 | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | uaits. | 3b | 000 | L |
| | | | For | n 990 | (2018) |

•

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number

Priests for Life, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university: An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (n) FIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of isted in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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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) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 13,178,206 13,251,844 8.223.593 10,531,340 10.644.273 55.829.256 revenues levied for 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 0 Total. Add lines 1 through 3. 8,223,593 10,531,340 13,251,844 13,178,206 10,644,273 55,829,256 The portion of total contributions by 5 each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 55,829,256 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (d) 2017 (e) 2018 **(b)** 2015 (c) 2016 (f) Total 7 Amounts from line 4 8,223,593 10,531,340 13,251,844 13,178,206 10,644,273 55,829,256 Я Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . 5,997 5,403 5,403 23,286 5,465 45,554 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 55,874,810 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . 14 99.9 % Public support percentage from 2017 Schedule A, Part II, line 14 15 15 99.9 % 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . 17a 10%-facts-and-circumstances test-2018. 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 organization b 10%-facts-and-circumstances test-2017. 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

| Scrieda | le A (Form 990 or 990-EZ) 2018 | | | | | | Page 3 |
|-----------|--|-----------------|-----------------|-----------------|--------------------|----------------|--|
| Part | III Support Schedule for Organiza | tions Descr | ibed in Sect | ion 509(a)(2) | | | |
| | (Complete only if you checked th | e box on line | e 10 of Part I | or if the orga | nization failed | d to qualify u | nder Part II. |
| | If the organization fails to qualify | under the te | sts listed bel | ow, please co | omplete Part | II.) | |
| Secti | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | , | | |
| 4 | Tax revenues levied for the | | | | | / | |
| | organization's benefit and either paid to or expended on its behalf | · | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | ; | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | / | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | © | | | | |
| Secti | on B. Total Support | | | / | • | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | 1 | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | , |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | 1 | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | ý | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop her | - , | | | n, or fifth tax ye | | |
| Secti | on C. Computation of Public Suppor | t Percentag | е | | | | |
| 15 | Public support percentage for 2018 (line 8 | | | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2017 Sch | | | <u> </u> | | 16 | % |
| Secti | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2018/ | | | - | | 17 | % |
| 18 19a | Investment income percentage from 2017 331/3% support tests—2018. If the organi | zation did not | check the bo | x on line 14, a | nd line 15 is m | | |
| b | 17 is not more than 331/3%, check this box 331/3% support tests—2017. If the organiz line 18 is not more than 331/3%, check this t | ation did not o | heck a box on | line 14 or line | 19a, and line 16 | s more than | 33 ¹ /3%, and |
| 20 | Private foundation. If the organization di | - | = | · · | • | - | |

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

| Secti | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P ion A. All Supporting Organizations | art v | •/ | |
|-------|---|-------|-----|----|
| | on 711 711 Outporting Organizations | | Yes | No |
| 1 | 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 | 1 | | |
| 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) | 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. | 3a | | |
| 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. | 3b | | |
| С | 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 | 4a | | |
| 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. | 4b | | |
| С | 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. | 4c | | |
| 5a | 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). | 5a | | |
| 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? | 5b | | |
| 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? 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. | 5c | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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). | 7 | | |
| 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). | 8 | | |
| 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 . | 9a | | |
| 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. | 9b | | |
| С | 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 . | 9c | | |
| 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. | 10a | | |
| 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.)

10b

| Part | V Supporting Organizations (continued) | | | |
|---------|--|----------|--------------|--|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | i | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | 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 | | |
| Section | on B. Type I Supporting Organizations | | | |
| | Delth deserted to the second control of the second delth of the se | | 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 | | | |
| | 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 | | |
| Section | on 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 | | | |
| | the supported organization(s). | 1 | | |
| Section | on 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 | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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? | - | <u></u> | |
| • | | 1 | | 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 | | | |
| | 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 | <u> </u> | | |
| • | 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 | | |
| Section | on 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 | nstru | ction | 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 | | | |
| С | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see ın | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | 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. | | | |
| L | • | 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 | | ! | |
| | activities but for the organization's involvement | 2b | | |
| 2 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | | <u> </u> | |
| 3 a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 1 | | |
| а | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| D | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard | 3b | | |

| Pancy Type III Non-Functionally Integrated 509(a)(3) Supporting Org | | | |
|--|-------|---------------------------|--------------------------------|
| 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Section A-Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 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 | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | - | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C—Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional instructions). | ly in | tegrated Type III support | ng organization (see |

| Part | Type III Non-Functionally Integrated 509(a)(3 | o Supporting Organi | zations (continued) | Current Year |
|------|---|-----------------------------|--------------------------------|---------------------------------------|
| | | | | - Current rear |
| | Amounts paid to supported organizations to accomplish | | | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | empt purposes of suppo | orted | |
| 3 | Administrative expenses paid to accomplish exempt purp | ooses of supported orga | inizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions. | th the organization is res | sponsive | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| | | , m | (ii) | (iii) |
| Sect | ion E—Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | - |
| а | From 2013 | | *** | |
| b | From 2014 | | • | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | 1818-1 |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | · - · · | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from | | | |
| | Section D, line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3 _j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| С | Excess from 2016 | | | |
| d | Excess from 2017 | | | |
| е | Excess from 2018 | | | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| Name o | f the organization | · | Employer identification number |
|---------|--|--|--|
| Priests | s for Life, Inc. | | 94-3123315 |
| Par | | vised Funds or Other Similar Fun | ds or Accounts. |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) . | | |
| 4 | Aggregate value at end of year | · · | |
| 5 | Did the organization inform all donors and dono funds are the organization's property, subject to t | | |
| 6 | Did the organization inform all grantees, donors, only for charitable purposes and not for the benefit conferring impermissible private benefit? | | |
| Par | Conservation Easements. | | |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the | e organization (check all that apply). | |
| | Preservation of land for public use (e.g., recreation | ation or education) Preservation o | f a historically important land area |
| | ☐ Protection of natural habitat | ☐ Preservation o | f a certified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization h | neld a qualified conservation contribution | on in the form of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements . | | 2a |
| b | Total acreage restricted by conservation easemer | nts | 2b |
| С | Number of conservation easements on a certified | historic structure included in (a) . | . 2c |
| d | Number of conservation easements included in | (c) acquired after 7/25/06, and not | on a |
| | historic structure listed in the National Register | | · · 2d |
| 3 | Number of conservation easements modified, train | nsferred, released, extinguished, or terr | minated by the organization during the |
| | tax year ► | | |
| 4 | Number of states where property subject to cons | ervation easement is located ► | |
| 5 | Does the organization have a written policy reviolations, and enforcement of the conservation e | - | = |
| 6 | Staff and volunteer hours devoted to monitoring, inspi | ecting, handling of violations, and enforcin | |
| 7 | Amount of expenses incurred in monitoring, inspect \$\$\$ | ing, handling of violations, and enforcing | conservation easements during the year |
| 8 | Does each conservation easement reported on line and section 170(h)(4)(B)(ii)? | e 2(d) above satisfy the requirements of | f section 170(h)(4)(B)(i) |
| 9 | In Part XIII, describe how the organization reports | concorration agramants in its revenue | |
| 9 | balance sheet, and include, if applicable, the text organization's accounting for conservation easem | of the footnote to the organization's fir | |
| Pari | Organizations Maintaining Collection Complete if the organization answered | ns of Art, Historical Treasures, or | |
| 1a | If the organization elected, as permitted under S | | |
| | works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the | ar assets held for public exhibition, ed | ducation, or research in furtherance of |
| b | If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts related to the service of the service o | ar assets held for public exhibition, eduting to these items | ducation, or research in furtherance of |
| | (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 ar following amounts required to be reported under | t, historical treasures, or other similar | r assets for financial gain, provide the |
| a b | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X | | |

Complete If the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (inv

| Part VII | Investments – Other Securities. Complete if the organization answered "Yes" on For | m 990 Part IV lin | e 11h. See Form | 990 Part X line 12 |
|----------------|---|-------------------------|-----------------------|---|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Meti | hod of valuation -of-year market value |
| (1) Financial | derivatives | | | |
| (2) Closely-h | neld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | <u> </u> | |
| | o) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | <u></u> |
| Part VIII | Investments — Program Related. Complete if the organization answered "Yes" on For | m 990, Part IV, lin | e 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Met | hod of valuation -of-year market value |
| (1) | | | | |
| (2) | | | | · |
| _(3) | | | | |
| _(4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | · | | | |
| | n) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, lin | e 11d. See Form | |
| | (a) Description | | | (b) Book value |
| | - Religious Articles | | | 54,850 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | · · · · · · · · · · · · · · · · · · · | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | mn (b) must equal Form 990, Part X, col. (B) line 15.) . | | | EA 050 |
| Part X | Other Liabilities. | <u> </u> | | 54,850 |
| T dit X | Complete if the organization answered "Yes" on For | m 990, Part IV, lın | e 11e or 11f. See | e Form 990, Part X, |
| 1. | line 25. | | | |
| (1) Federal in | (a) Description of liability (b) Book value | | | |
| | come taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | —— | | |
| (6) | | - | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 25) | —— | | |
| | r uncertain tax positions. In Part XIII, provide the text of the footn | ote to the organization | n's financial etateme | ents that reports the |
| | s liability for uncertain tax positions under FIN 48 (ASC 740) Che | | | |

| Part | Reconciliation of Revenue per Audited Financial Statements With Rever 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. | · ' - | _ |
| a | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | · · · • • | - |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| - | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | |
| Part | | | |
| | 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: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1. | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| ь | Other (Describe in Part XIII) | | • |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | . 5 | |
| Part | XIII Supplemental Information. | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1 | | 4; Part X, line |
| 2; Par | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add | ditional information | |
| Part X | Line 2-FIN 48 Footnote | | |
| | | | |
| Priests | s for Life, Inc. is exempt from Federal income taxes under Section 501 (c)(3) of the Internal Revenu | ie Code and, therefore | , has made no |
| | | | |
| provis | ion for Federal income taxes in the accompanying financial statements. In addition, Priests for Li | fe, Inc. qualifies for the | : charitable |
| | | | |
| contrib | bution deduction under Section 170(b)(1)(A)(vi) and has been determined by the Internal Revenue | Service not to be a "pr | ıvate |
| | | | |
| founda | ation" within the meaning of Section 509(a)(1)of the Internal Revenue Code. | | |
| . . | | | |
| Priests | s for Life, Inc. regularly reviews and evaluates its tax positions taken in previously filed informatio | n returns with regards | toissues |
| offootu | ng its tax exempt status, unrelated business income and other related matters. The management | of Princts for Life Inc | hallover that |
| anecu | ng its tax exempt status, unrelated business income and other related matters. The management | of Priests for Life, Inc. | Delleves that |
| in the | event of an examination by a taxing authority, the positions taken by it would prevail such an exa | mination | |
| iii tiie | event of an examination by a taxing authority, the positions taken by it would prevail such all exam | | |
| Accord | dingly, Priests for Life, Inc. has concluded that no tax benefits or liabilities are required to be reco | onized in the accompa | inving financial |
| | | . 4 | |
| statem | nents. | | |
| | | | |
| Priests | s for Life, Inc. files Federal Form 990, "Return of Organization Exempt from Income Taxes," which | is an information retur | n and is |
| | , | | |
| subjec | t to examination by the Internal Revenue Services ("IRS") generally for three (3) years after the re | turn is filed. | |
| | | | |
| As of t | the report date, Federal Form 990 for the years ended December 31, 2015 through 2017 are open to | o examination by the If | RS. No returns |

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

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

Internal Revenue Service Name of the organization Employer identification number Priests For Life, Inc. 94-3123315 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 e

Solicitation of non-government grants а ✓ Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ 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? ☐ Yes ☐ No 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 (or retained by) fundraiser listed in (III) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts (ii) Activity from activity organization col (i) Yes No 1 Catholic Marketing, LLC 6440 Sky Pointe Dr Ste 140-441 Las Vegas, NV consults on all 210,000 2 fundraising 3 solicitations 5 6 7 8 9 10 Total 210,000 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. OR,RI,PA,FL,TN,WV,NJ,UT

Cat No 50083H

| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through |
|-----------------|---|--|--|--|---|--|
| | | | (event type) | (event type) | (total number) | col (c)) |
| Revenue | 1 | Gross receipts | | - | | |
| æ | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | <u> </u> | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| t Exp | 7 | Food and beverages . | | | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | | | | |
| | 10 11 | Direct expense summary Ad Net income summary. Subtra | | | > | |
| Pa | rt III | Gaming. Complete if th \$15,000 on Form 990-E2 | e organization answe | ered "Yes" on Form 9 | 90, Part IV, line 19, o | or reported more than |
| 0) | | | | | | |
| enue | | | (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 | (a) Bingo | | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| | 1 | Gross revenue | (a) Bingo | | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| | 2 | Gross revenue Cash prizes | (a) Bıngo | | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| | | | (a) Bingo | | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| | 2 | Cash prizes | (a) Bingo | | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| | 2 | Cash prizes Noncash prizes | | bingo/progressive bingo | | (d) Total gaming (add col (a) through col (c)) |
| | 2 3 4 | Cash prizes Noncash prizes Rent/facility costs . | (a) Bingo | bingo/progressive bingo | (c) Other gaming Yes% No | (d) Total gaming (add col (a) through col (c)) |
| | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs . Other direct expenses | | bingo/progressive bingo ☐ Yes% ☐ No | □ Yes% | (d) Total gaming (add col (a) through col (c)) |
| | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs . Other direct expenses Volunteer labor | Yes % No Id lines 2 through 5 in c | Yes % No | ☐ Yes % ☐ No | (d) Total gaming (add col (a) through col (c)) |
| Direct Expenses | 2 3 4 5 6 7 8 Er | Cash prizes Noncash prizes Rent/facility costs . Other direct expenses Volunteer labor Direct expense summary Ac | Yes % No Id lines 2 through 5 in c y Subtract line 7 from li | yes % No olumn (d) | ☐ Yes % | col (a) through col (c)) |
| Direct Expenses | 2 3 4 5 6 7 8 Er a Is b If | Cash prizes Noncash prizes Rent/facility costs . Other direct expenses Volunteer labor Direct expense summary Active gaming income summary and the organization licensed to complete the organization licensed to complete any of the organization's general expense. | Yes % No Id lines 2 through 5 in conjugation conducts gain activities aming activities aming licenses revoked | yes % No olumn (d) | ☐ Yes % No No Ited during the tax year? | col (a) through col (c)) |

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

| cneau | ile G (Form 990 or 990-EZ) 2018 | • | 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: | | |
| a b | The organization's facility | | <u>%</u> % |
| 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 revenue? | ☐ Yes | □ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | |
| С | If "Yes," enter name and address of the third party: | | |
| | Name ▶ | | |
| | Address ▶ | | |
| 16 | Gaming manager information | | |
| | Name ► | | |
| | Gaming manager compensation ▶ \$ | | |
| | 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 or spent in the organization's own exempt activities during the tax year ▶ \$ | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions. | iii) and (nal infori | v); and mation. |
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

| Priests for Life, Inc. | | | | | | | 94-3123315 |
|--|------------------|---------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information | on Grants and | Assistance | | | | | |
| Does the organization mainta the selection criteria used to a Describe in Part IV the organi | award the grants | or assistance? | | | | for the grants or assistan | |
| Part II Grants and Other As Part IV, line 21, for an | | | | | | | wered "Yes" on Form 990 |
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) Rachel's Vineyard Ministries 808 N. Henderson Rd,King of Prussia | 20-0498300 | 501 (c) (3) | 274,823 | | | N/A | Program Support |
| (2) Gospel of Life Ministries P.O. Box 60038 Staten Island, NY | 42-1629961 | 501 (c) (3) | 6,617 | | | N/A | Program Support |
| (3) Focus on the Family 8605 Explorer Dr, Colorado Springs | 95-3188150 | 501 (c) (3) | 6,000 | | | N/A | Program Support |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section3 Enter total number of other or | | • | | ine 1 table | | | . ► <u>3</u> |

| Part III | Grants and Other Assistance to De Part III can be duplicated if additional | | | e organization answ | vered "Yes" on Form 990, | Part IV, line 22. |
|-------------|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| Part IV | Supplemental Information. Provide | the information i | reguired in Part I, lii | ne 2; Part III, colum | n (b); and any other additi | onal information. |
| organizatı | Life, Inc receives requests from a variety of rooms to provide funding to, Priests for Life, Inc. | . has established a c | omprehensive system | to evaluate proposals | based on the organization's m | nission and objectives and how those |
| | de organizational history, profiles of managen | | | | | |
| | Life, Inc. receives periodic reports on grant a | | | | it the grant is being spent in ac | ccordance with the provisions of |
| the grant . | At the conclusion of the grant, the grantee su | ıbmıts a final report, | detailing the results o | of the grant and a final a | accounting for the funds provi | ded. |
| | | | | - | | |
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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Form 990.

Solution of the state

OMB № 1545-0047

Open to Public Inspection

Employer identification number

Priests for Life, Inc. 94-3123315 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5a Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a The organization? 6b Any related organization? . . . If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

.

7

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MIS | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--|------|--------------------------|-------------------------------------|---|--|----------------|----------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)–(D) | in column (B) reported as deferred on prior Form 990 |
| Father Frank Pavone | (1) | 14,434 | | | | 12,578 | 27,012 | |
| 1National Director | (ii) | | | | | | | |
| Janet Morana | (1) | 182,434 | | | 900 | 12,578 | 195,912 | |
| 2Executive Director | (iı) | | | | | | | |
| Father Denis Wilde ,OSA | (1) | 36,000 | | | | | 36,000 | |
| 3Associate Priest Father Walter Quinn, OSA | (ii) | | | | | | | |
| | (i) | 29,200 | | | | | 29,200 | |
| 4Associate Priest | (ii) | | | | | | | |
| Alveda King | (i) | 70,885 | | | 450 | 492 | 71,827 | |
| 5Dır. Civil Rights for the Unborn | (ii) | | | | | | | |
| Anthony DeStefano | (1) | 183,836 | | | - | 26,413 | 210,249 | |
| 6Assoc. Dir./International Director | (n) | | | | | | | |
| Avelino Valonzo | (1) | 128,808 | | | | 35,403 | 164,211 | |
| 7Chief Operating Officer | (ii) | | | | | | | <u> </u> |
| Danielle Malina-Jones | (1) | 126,336 | | | 600 | 37,733 | | |
| 8Chief Financial Officer | (11) | 41,337 | | | ļ | | 41,337 | |
| _ | (1) | | | ••••• | | | | |
| 9 | (II) | | | | | | | |
| | (1) | | | | | | | |
| 10 ' | (1) | | | | | | | |
| 44 | (ii) | | | | | | | |
| 11 | (i) | | | | | - | | |
| 12 | (ii) | | | | | | | |
| 12 | (1) | | | | | | | |
| 13 | (i) | | | | | · | | |
| 10 | (i) | | | | | | | |
| 14 | (ii) | L | | | | · | | |
| 17 | (1) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (1) | | | | | | | |
| 16 | (11) | | · | | -† | | | |

| Part III | Supplemental Information |
|-----------|---|
| Provide 1 | the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par |
| for any a | dditional information. |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

Employer identification number

94-3123315

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Priests for Life, Inc.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Form 990 Part III Question 2-The significant program services Priests For Life, Inc. carried out in 2018 are detailed in our response to Form 990 Part III Question 4d-Other program services. 1.National Strategy Meetings of Pro-life Leaders-In conjunction with the April 28 Celebration of Thanks, Priests for Life held on that same day another of the national strategy sessions with pro-life leaders that we have convened for many years. Over 40 national leaders spent the afternoon mapping out pro-life strategy. The session, led by Fr. Frank Pavone, built on the consideration of strategic memos and exchange of ideas that the leaders conducted with one another online prior to the meeting. Various areas of consensus emerged from the meeting with consensus emerged from the meeting with commitment to further joint action. It was agreed upon at that meeting that a longer and more intensive summit meeting was needed, and work was done on planning for this during the rest of the year. Meanwhile, Priests for Life continued its role throughout 2018 of facilitating the quarterly meetings of national pro-life leaders. 2. EndAbortion.US-In order to continue to reaffirm that the mission of Priests for Life is to end abortion, and that our primary focus is in the United States, we have adopted as our main website the domain EndAbortion.US. Consistent with this, we are using the domains EndAbortionTV.US and EndAbortionPodcast.US for those efforts. It is important for us that the term "pro-life" not be misused in such a way that it dilutes the urgent need for a movement focused on the specific goal of restoring protection to the children in the womb whose legal right to life has been denied and who are in danger of abortion. 3. Catholic and Pro-life Presence at National Conferences - Priests for Life continued to provide a strong Catholic presence at various national pro-life conferences as well as a pro-life presence at other conferences throughout the year. National Director Fr. Frank Pavone made major presentations at the National Right to Life Conference, the annual conference of Heartbeat International (network of pregnancy centers) and many other national and local conferences. Fr. Frank led the pro-life events at the Catholic Marketing Network annual national trade show, at the interdenominational Night Vision Praise Festival in Colorado, and was a key pro-life and Catholic presence along with Executive Director Janet Morana at the three meetings of the Council for National Policy throughout the year. Janet also represented Priests for Life at the Catholic Leadership Coalition Meeting.

| Name of the organization | Employer identification number |
|---|--------------------------------------|
| Priests for Life, Inc. | 94-3123315 |
| 4. Exposing Late-Term Abortion Project, and US Senate Briefing - Priests for Life has been carrying out an | effort to awaken the conscience of |
| the American public that abortions are being carried out legally throughout the full duration of pregnancy, | on healthy babies carried by |
| healthy mothers. We continued to publicize the phone calls we commissioned last year with the assistan | |
| We called multiple abortion facilities across the country. Our caller posed as a healthy pregnant woman in | the latter stages of a healthy |
| pregnancy. She called to schedule an abortion at 24, 26, 30 and 32 weeks of pregnancy! In every instance, | and without hesitation, she was |
| given the green light to schedule an abortion, even though she made it clear that both she and her baby w | ere healthy. These recorded calls |
| are utilized in our efforts for bills like the Pain Capable Unborn Child Protection Act and the Unborn Child | Protection from Dismemberment |
| Abortion Act both on the state and federal level. Priests for Life presented a briefing for United States Se | nate staff in January of 2018 to |
| reveal these phone calls to them and urge the Senators to vote for the Pain Capable Bill. | |
| | |
| 5. Supreme Court Victory in NIFLA case - Priests for Life strongly supported our friends and colleagues at | the National Institute of Family and |
| Life Advocates (NIFLA) as they battled all the way up to the Supreme Court this year for the rights of pro-li | |
| forced to advertise abortion. The case, NIFLA vs. Becerra, resulted in a pro-life victory in June of 2018. F | |
| of the Court Brief in the case, that helped lead a national prayer campaign about it, and did extensive educ | ational commentary about the |
| | |
| case in the media and in other venues. | |
| | |
| 6. National Day of Remembrance for Aborted Children - Priests for Life again sponsored the National Day of | f Remembrance for Aborted |
| Children on the second Saturday of September. At some 50 different gravesites throughout the United Sta | ites, where tens of thousands of |
| aborted children are buried, simultaneous memorial services were held on that day. Likewise, services too | k place at many more memorial |
| stones which are not gravesites. Fr. Frank Pavone led and preached at the service in a Church in Orland | o where aborted babies are buried. |
| | |
| 7. Baby Alfie Evans - Because of their advocacy in the past for Baby Charlie Gard, Baby Joseph of Canada | , and Terri Schiavo, Fr. Frank |
| Pavone and Priests for Life were approached by the parents of Baby Alfie Evans to advocate for his life, as | |
| child to an alternate treatment facility. Priests for Life worked behind the scenes to connect the family wit | |
| and in Church leadership who could help, and publicly echoed the sentiments of Pope Francis about the n | - |
| | |
| family in their suffering and provide compassionate care. | |
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number Priests for Life, Inc. 94-3123315

| 8. Expansion of Pro-life Social Media - Priests for Life expanded in 2018 all its social media platforms, now reaching a verified 200,000 people |
|--|
| per day on multiple platforms that have millions of followers. Keeping up on analytics and changes in the industry by the hour, Priests for |
| Life has taken the lead in many aspects of social media presence for the pro-life movement, and in particular has built up a strong audience |
| through Facebook Live on the page Facebook.com/FatherFrankPavone, which in turn feeds into the online TV channel EndAbortion.TV, |
| We also launched the "End Abortion Podcast," containing interviews, presentations, news commentary, sermons and more, and available on |
| iTunes, SoundCloud, and various other podcasting venues. Our website for the podcast is EndAbortionPodcast.US. |
| 9. Priests for Life Publishing - In 2018, Priests for Life started its own publishing division, and released the first of its books, Tears of the |
| Fisherman, a work by our pastoral associate Kevin Burke focusing on his area of expertise, the impact of abortion on men. We also |
| announced a brand new book now being finalized and co-authored by Fr. Frank Pavone and Evangelist Alveda King. Called Abortion in Black |
| and White, this work will explore the pro-life movement as the continuation of the Civil Rights Movement and an arena for significant ethnic |
| collaboration on what is truly a black and white issue of life and death. Priests for Life Publishing will publish works written by our own |
| pastoral team specifically on abortion. We will utilize the extensive multi-media platform of Priests for Life, and our constant presence at |
| national and international events as well as our relationship with Churches of every denomination, to give extensive reach to the works we |
| publish. |
| 10. Civil Rights for the Unborn - Under the leadership of our full-time associate, Evangelist Alveda King, niece of Martin Luther King Jr., we |
| have continued the work of "Civil Rights for the Unborn," which promotes among all communities, and through a variety of educational and |
| media efforts, the message that the civil rights movement of today is the pro-life movement, and that the dream of her uncle Martin cannot |
| survive if we murder our children. Over the course of 2018, Alveda King traveled to 18 states where she was invited to be a key-note speaker |
| at events as well as appearing on Fox & Friends, the Huckabee Show and the 700 club. Alveda had numerous radio interviews on Fox |
| Business, Spirit Radio, CBN News, One News Now, Radio Maria and EWTN's Morning Glory to name a few. |
| 11. The Silent No More Awareness Campaign - The Silent No More Awareness Campaign, a joint project of Priests for Life and Anglicans for |
| Life, is the largest mobilization of mothers, fathers, and families who have lost children to abortion. They have found healing and through |
| this ministry, share their stories publicly so that those tempted to abort will realize that abortion does not solve their problems. Gatherings in |

Page 2 Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Employer identification number Priests for Life, Inc. 94-3123315 which these testimonies are shared continued to take place throughout the world in 2018. Also, our initiative called Healing the Shockwaves of Abortion (www.AbortionShockwaves.com) continued to spread the message about how abortion harms many people beyond the baby, mom, and dad, and how all those whom abortion impacts can seek and find healing. The Silent No More Awareness Campaign has held 2,050 Gatherings in 17 countries and all 50 states with 6,431 women and men sharing their their abortion testimonies. There are 2,733 testimonies There are 2,733 testimonies posted on the Campaign website with 525 that are shared via video! Currently there are 18,720 people registered with the Campaign representing 77 countries. There are 70 regional coordinators active in the United States and abroad (including Canada, the Bahamas, France, the Netherlands, Nigeria, Spain, and Uganda). Seven new Regional Coordinators were trained this year. In 2018, Silent No More Regional Coordinators participated in 55 events. They spoke at 5 high schools and universities. This past year, 480 new people registered with the campaign. In addition Kevin Burke, Janet Morana, Georgette Forney and Fr. Frank Pavone traveled extensively during 2018. Janet and Fr Pavone presented two workshops at the Heartbeat International Conference. Janet taught a class on Shockwaves in Rome and she spoke at the March for Life in Rome, Janet also spoke at the March for Life Canada and conducted a Hope Alive Level 1 training for post abortion counseling at our headquarters. 12. Rachel's Vineyard - Rachel's Vineyard the largest ministry in the world for healing after abortion that offers retreats for healing, Rachel's Vineyard has been praised personally by Pope Francis and enjoys the endorsement of bishops around the world. In 2018, Rachel's Vineyard hosted an international training conference at the Malvern Retreat House in Pennsylvania. Over 200 participants attended with

Vineyard hosted an international training conference at the Malvern Retreat House in Pennsylvania. Over 200 participants attended with with several dozen clergy, deacons, and pastors. Over 50 presentations were offered with 5 tracks plus Interdenominational Services, Holy Hour, Reconciliation Opportunities, and Daily Masses. In 2018, 5 International Sites and 5 National Sites were created. During 2018, both Theresa and Kevin had speaking engagements across the United States. There were three clinicalThers trainings and four regional trainings. Theresa also hosted two clergy trainings. In April 2018, Theresa traveled to Australia to conduct training. Both Theresa and Kevin also had radio interviews on Cradle My Heart, March 4 Life NY, Holy Spirit Radio and EWTN Morning Glory.

Form 990, Part VI, Line 11a - The annual Form 990 is reviewed with the Finance Committee and other Key Members and Officers of the

Form 990, Part VI, Line 12 - The Chief Operating Officer (COO) is charged with ensuring that each officer, director, committee member and senior staff member of the organization receive and sign the Conflict of Interest Acknowledgment statement, as well as the "Disclosure and Attestation Statement". The Disclosure and Attestation Statements is reviewed by the Conflicts of Interests Committee of the Board, who is

corporation prior to submission to the IRS. Any questions are discussed prior to submission.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Priests for Life, Inc.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

94-3123315

| is charged with ensuring that all details of the Policy are followed. Results of the reporting process of the Conflicts of Interests Committee |
|--|
| are communicated annually by the COO to the Chairman of the Board and to the Audit Committee no later than the first Audit Committee |
| meeting of the following year. |
| Form 990, Part VI, Line 15 - The Top Management salaries are established by reviewing various sources, i.e. 990s, compensations surveys, |
| and by comparing salary levels at comparable organizations. The salaries are formally reviewed by the Finance/Compensation Committee |
| of the Board, which makes use of these compensation comparison reports during its review. |
| Form 990 Part VI, Line 17 - The states required to have this Form 990 filed are: AK, AZ, CO,FL,KY,MD,MI,MN,MS,MO,NH,NJ,ND,PA,RI,TN,UT,V |
| WV & WI. |
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| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| Priests for Life, Inc. | 94-3123315 |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Priests for Life, Inc.

Part I

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 94-3123315

| | | | | | | | |
|--|--|--|---|--|-------------------------------|----------------------------|---------------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | Prin | (b) nary activity | (c) Legal domicile (state or foreign country) | (d) Total income E | (e) ind-of-year assets | (f) Direct con entit | trolling |
| (1) | | | | | | | |
| (2) | | | | | | | ι |
| (3) | | | | | | | |
| (4) | | "" | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations of | zations. Complete if fluring the tax year. | the organization | answered "Yes" o | n Form 990, Part | IV, line 34, beca | use it h | ad |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicite (sta or foreign country | | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | cont | (g) 512(b)(13) trolled tity? |
| | | | | | | Yes | No |
| (1)Rachel's Vineyard Ministries 20-0498300 | Post Abortive Healing | PA | 501 (c) (3) | | 7 N/A | | , |
| (2)Gospel of Life Ministries | | | | | | | |
| 42-1629961 | Education-Life Issues | NY | 501 (c) (3) | | 7 N/A | | V |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | 1 | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 – 514) | (f) Share of total income | (g) Share of end-of- year assets | Disprop | ortionate Code V—UBI (ations? amount in box 20 | | allocations? amount in box 20 of Schedule K-1 (Form 1065) | | Gene | i) eral or aging ner? | (k) Percentage ownership |
|--|----------------------|---|-------------------------------|---|---------------------------------|--|---------|--|--|---|----|------|--------------------------------|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | | | |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | , | | | | | | |
| (7) | | | | | | | | , | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) | (e) | (f) | (g) Share of end-of-year assets | (h) Percentage ownership | Section 5 contr enti |) i12(b)(13) rolled rty? |
|--|-------------------------|---|-----|-----|-----|---------------------------------------|--------------------------------|----------------------------|-----------------------------------|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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| Part | Transactions With Related Organizations. Complete if the organization answ | vered "Yes" on Forn | n 990, Part IV, line 3 | 4, 35b, or 36. | | |
|---------|---|-----------------------|--------------------------|---------------------------------------|--|------------|
| Note | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one | or more related organ | nizations listed in Part | s II–IV? | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | 1a | | 1 |
| b | Gift, grant, or capital contribution to related organization(s) | | | | V | |
| С | Gift, grant, or capital contribution from related organization(s) | | | 1c | | ~ |
| d | Loans or loan guarantees to or for related organization(s) | | | 1d | | ~ |
| е | Loans or loan guarantees by related organization(s) | | | 1e | | ~ |
| | | | | | 1 | \vdash |
| f | Dividends from related organization(s) | | | | · | ~ |
| g | Sale of assets to related organization(s) | | | 1g | | 1 |
| h | Purchase of assets from related organization(s) | | | | | · |
| i | Exchange of assets with related organization(s) | | | 1i | | V |
| i | Lease of facilities, equipment, or other assets to related organization(s) | | | | | 1 |
| , | Education realistics, equipment, or enter account to related organization(c) | | • • | · · · · | + | ┰ |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | 1k | -∤ | 1 |
| î | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 1 | 1 |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | | 1m | 1 | V |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | <u>111</u> | | V |
| 0 | Sharing of paid employees with related organization(s) | | | · · · · · · · · · · · · · · · · · · · | | 1 |
| U | Sharing or paid employees with related organization(s) | | | 10 | + | ├ ਁ |
| _ | Reimbursement paid to related organization(s) for expenses | | | 1p | | 1 |
| p | Reimbursement paid to related organization(s) for expenses | | | | - | · |
| q | neimbursement paid by related organization(s) for expenses | | | <u>1q</u> | - | - |
| _ | Other transfer of each or present to related expension(s) | | | | - | - |
| ' | Other transfer of cash or property to related organization(s) | | | | | V |
| 2 | | | | | | _ |
| | If the answer to any of the above is "Yes," see the instructions for information on who must of | T | | | resno | us |
| | (a) Name of related organization | (b) Transaction | (c) Amount involved | (d) Method of determining amo | unt invo | lved |
| | | type (a-s) | | | | |
| | | -:- | | | | |
| /4\ D. | chel's Vineyard Ministries | b | 274 022 | h | | |
| (I) na | cher's vineyard willistries | <u> </u> | 274,833 | casn | | |
| (a) C | spel of Life Ministries | b | 6 6 4 7 | aaab | | |
| (2) (1) | sper of the willistries | , b | 6,617 | casii | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (A) | | | | | | |
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| | (a) Name, address, and EIN of entity | (b) Primary activity | | reign income (related, | | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | partner? | | General or managing | | (k) Percentage ownership |
|-----|--------------------------------------|-------------------------|--|------------------------|-----|----|---------------------------------|--|-----------------------------------|----|---|----------|----|---------------------|--|--------------------------|
| | | | | | Yes | No | | | Yes | No | | Yes | No | | | |
| (1) | | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | | |
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| 10) | | | | | | | | | <u> </u> | | | | | | | |
| 11) | | | | | | | | | 1 | | | | | | | |
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| 13) | | | | | | | | | | | | | | | | |
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| 15) | | | | | | | | | + | | | | | | | |
| 16) | | | | | | | | | | | | | | | | |

| Schedule R (Form 990) 2018 | | | | | | | |
|----------------------------|---|---------------------------------------|--|--|--|--|--|
| Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. | Page 5 | | | | | |
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