Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Inspection

		2045 I COM 1 201 E					
			enaing 5	EP 30, 2016			
B C	heck if pplicable	C Name of organization		D Employer identifi	cation number		
	Addres change						
	Name change	Doing business as		52-1	241765		
]Initial]return]Final ,	Number and street (or P.O. box if mail is not delivered to street address) 4 FAMILY LIFE LANE	Room/suite	E Telephone number 540-635-7884			
	⊐return/ termin-				3,265,124.		
	ated Amend return	City or town, state or province, country, and ZIP or foreign postal code FRONT ROYAL, VA 22630		G Gross receipts \$ H(a) Is this a group re			
	Applica	F Name and address of principal officer: FR . SHENAN BOQUET		for subordinates			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in			
ı т	34-040	mpt status: X 501(c)(3)	or 527	1	list. (see instructions)		
		e: ► WWW.HLI.ORG	021	H(c) Group exemption	,		
		organization: X Corporation Trust Association Other	I Vaar		A State of legal domicile: DC		
		Summary	L I Cai	or formation.	VI Otate of legal dofficie.		
		Briefly describe the organization's mission or most significant activities: RECE:	T 1/7 F: \(\Delta\)	DMINISTER	AND EXPEND		
Governance	1 1	FUNDS FOR CHARITABLE, RELIGIOUS, AND EDUC	$^{2}\Delta$ TTON	DITERPOSES T	N DATE DIED		
nan	-						
Veri		Check this box if the organization discontinued its operations or dispose		ء ا	ssets.		
ĝ				3	9		
જ		Number of independent voting members of the governing body (Part VI, line 1b)			19		
ties		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			3		
Activities &		Total number of volunteers (estimate if necessary)			_		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	bı	Net unrelated business taxable income from Form 990-T, line 34	·····				
ne	_			Prior Year	Current Year		
		Contributions and grants (Part VIII, line 1h)		2,719,925.	2,730,259.		
/en		Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		94,915.	9,367.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,551.	16,503.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,825,391.	2,756,129.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		640,893.	583,452.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Expenses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,428,083.	1,042,667.		
eus	16a F	Professional fundraising fees (Part IX, column (A), line 11e) For all fundraising expenses (Part IX, column (D), line 25) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.		
Ϋ́				1 240 252	050 530		
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,342,353. 3,411,329.	950,538.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			· · ·		
_ v	19	Revenue less expenses. Subtract line 18 from line 12		-585,938.	179,472.		
Net Assets or Fund Balances				ginning of Current Year 3,777,419.	End of Year		
Sse Bala		Fotal assets (Part X, line 16)			3,885,037.		
et Ind		Total liabilities (Part X, line 26)		896,946. 2,880,473.	848,586. 3,036,451.		
		Net assets or fund balances. Subtract line 21 from line 20		2,000,473.	3,030,431.		
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	o and atatam	anta and to the heat of m	v knowledge and halief it is		
		ties of perjury, rucciare that rhave examined this return, including accompanying schedule: it, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and bellet, it is		
true,	Correct	, and complete. Declaration of preparer (other than officer) is based on an information of wi	licii preparer	lias any knowledge.			
~ :	_	Signature of officer		I Date			
Sigr		JOHN MARTIN, VICE PRESIDENT OF OPERAT	TONG	Dato			
Her	e	Type or print name and title	10112				
		,		Date Check	TI PTIN		
Paid		Print/Type preparer's name BRIAN P. DAVET		8/15/17 of self-employ			
	- +		<u> </u>		54-1782073		
-		Firm's name RUTHERFORD & JOHNSON, PC Firm's address 116 MEDICAL CIRCLE		Firm's EIN	7#-T107012		
ust	Only			Dhana == 5.4	0-662-7070		
	=	WINCHESTER, VA 22601		Phone no. 5 4			
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	RECEIVE, ADMINISTER, AND EXPEND FUNDS FOR CHARITABLE, RELIGIOUS, AND
	EDUCATION PURPOSES IN CONNECTION WITH THE RIGHTS OF PERSON BOTH BORN
	AND UNBORN.
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,313,666 • including grants of \$ 583,452 •) (Revenue \$)
	EDUCATIONAL PROGRAMS BOTH NATIONAL AND INTERNATIONAL REGARDING
	PRO-LIFE/FAMILY ISSUES.
4b	(Code:) (Expenses \$ 232,743 • including grants of \$) (Revenue \$)
	PUBLICATIONS/COMMUNICATIONS: DISTRIBUTION OF PRO-LIFE/FAMILY
	LITERATURE, RELATIONS WITH THE PUBLIC IN GENERAL AND THE MEDIA IN
	PARTICULAR, AND PROVIDING REQUESTED INFORMATION ON PRO-LIFE/FAMILY
	ISSUES.
40	(Code:) (Expenses \$ 172,977 • including grants of \$) (Revenue \$)
70	CONFERENCES: HLI, INC. SUPPORTS AND ATTENDS REGIONAL CONFERENCES AROUND
	THE WORLD IN SUPPORT OF PRO-LIFE EDUCATION AND ACTIVITIES, PROVIDING AN
	OPPORTUNITY FOR ATTENDEES TO SHARE INFORMATION, ESTABLISH CONTACTS, AND
	GENERATE ACTION FROM THE COMMUNITY ON EITHER LOCAL/REGIONAL LEVEL.
	Other program convices (Describe in Schedule O.)
40	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,719,386.
	Form 990 (2015)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	х	
_	If "Yes," complete Schedule A	1	X	
2		2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
р	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	446	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	21	
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	45	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-23	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
ю	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		х
	complete conceded a, r art m	19	000	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a		25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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		Х
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		x
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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	Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	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?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	_ 41	L

Form **990** (2015)

Form 990 (2015) HUMAN LIFE INTERNATIONAL, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

The tritle number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 59		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W-2G included in line 1s. Enter of India applicable						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming general programments of the complex provided on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2	1a		1a				
gambling) winnings to prize winners? a 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 b I fall teast on is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and and 2 is greater than 250, you may be required to e-/file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? a Tay 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)? b If Yea, "enter the name of the foreign country," b TTALIV See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6 a 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 deductibles of Enm 8886.7 of Capanizations that may receive deductible contributions under section 170(c). b If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions. b If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution of any contributions or gifts were not tax deductible as charitable contributions. b If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions. b If Yea," did the organization notify the donor of the value of the goods on services provided? r Organizations that may rec	b						
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this recovered by the second to end the series of the second to end the second to end the second to end to end the second to end	С						
tiled for the calendary year ending with or within the year covered by this return			 I	 I	1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a IV 19 (*Yes,* has it filed a Form 990 T for this year? If *Yes,* it as it filed a Form 990 T for this year? If *Yes,* it as it filed a Form 990 T for this year? If *Yes,* it as it filed a Form 990 T for this year? If *Yes,* it as it filed a Form 990 T for this year? If *Yes,* it as it filed a Form 990 T for this year? If *Yes,* it as it filed a Form 990 T for this year? If *Yes,* it as it filed a Form 990 T for this year? If *Yes,* it as it filed a Form 990 T for this year? If *Yes,* it as it filed a Form 990 T for this year? If *Yes,* it as the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Usd any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c S Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes,* it line 5a or 5b, did the organization file Form 888617 6a Does the organization shall were not tax deductible as charitable contributions? 6b If Yes,* it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that many receive deductible contributions under section 170(c). 8c If Yes,* it did the organization notify the donor of the value of the goods or services provided? 7c IV If Yes,* it did the organization notify the donor of the value of the goods or services provided? 7c If If Yes,* it did the organization of the value of the goods or services provided? 7d If Yes,* it find the organization of the value of the goods or services provided? 8c If If Yes,* it find the organization include with every solicitation and party for goo	2a			10			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross notioned of \$1,000 or more during the year? 3b If Yes, "set if filed a Form 990 Tor this year? If "No," to line \$1,000 or more during the year? 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, ▶ ITALY 5b If Yes," enter the name of the foreign country, ▶ ITALY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountry (FBAP). 5a Was the organization aparty to a prohibitoted tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibitod tax shelter transaction? 5c If Yes," in ine Sao r 5b, did the organization line Form 88867? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax edeductible as chariatable contributions? 6b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bill the organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? by If Yes, "indicate the number of Forms 8282 filed during the year 7c If If Yes, "indicate the number of Forms 8282 filed during the year 8 by If Yes, "indicate the number of Forms 8282 filed during the year 9 by If Yes, "indicate the number of Forms 8282 filed during the year 17d If the organization received a contribution of caris, bota, singhalms, or other evibles, did the organization flevel will be year, pay premiums, directly or indirectly, on a personal benefit contract? 7 by If Yes, "enter the amount of t							37
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes, 1' has if lifed a Form 900-17 for this year? I' No. 1' bine, 8, provide an explanation in Schedule O 5b If 1'Yes, 1' have it if lifed a Form 900-17 for this year? 5b If 1'Yes, 1' deter the name of the foreign country. P ITALIY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If 1'Yes, 1' do line 5a or 5b, did the organization file Form 8886:17 6c If Yes, 1' to line 5a or 5b, did the organization file Form 8886:17 6d 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? 6d If Yes, 1' do lith e organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, 1' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, 1' did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 6d If Yes, 1' did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7d If Yes, 1' did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to lith Form 8282? 6d If Yes, 1' did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d If I the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7d Sponsoring organization have excess business holdings at any time during the year? 9a Sponsoring organiza	b				2b		Λ
the fires, *has it flied a Form 990-T for this year? If *No,* to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial accountly and the control of the second in a foreign country (such as a bank account, securities accountly, or other financial accountly? 4b If *Yes,* enter the name of the foreign country ▶ ITALY 5ce instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If *Yes,* to line 8a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* to line 8a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* to line 8a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* to line 8a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* to line 8a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* to line 8a or 5b, did the organization that are normally greater than \$100,000, and did the organization solicit any contributions and the organization foliation in the second or the secon			s)				v
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14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c				37
							X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eΟ			000	(2045

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		
7a		7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
b		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		Х
10	in Schedule O how this was done	12c		X
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	. 53		
17	List the states with which a copy of this Form 990 is required to be filed ► AK , DC , FL , GA , MN , MS , NH , NC , OF			<u>, VA</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
10	X Own website Another's website X Upon request Other (explain in Schedule O)	-1 <i>e</i> :	-1-1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN MARTIN - 540-635-7884			
	4 FAMILY LANE, FRONT ROYAL, VA 22630			
533006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2015)

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

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

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

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

 \perp Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Position not check more than one				Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week		Cer an	lu a u	II ecto	Ji/ ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			Highest compensated employee		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	ıal tru		oyee	ompe		,		and related
	below	vidua	Institutional trustee	je,	Key employee	nest c	Former			organizations
	line)	ib	Insti	Officer	Key	High	Forr			
(1) STUART NOLAN	2.00			l						
CHAIRMAN		Х		Х				0.	0.	0.
(2) REV. JERRY POKORSKY	2.00			l					•	
TREASURER		Х		Х				0.	0.	0.
(3) SR. TERESE AUER	2.00									•
DIRECTOR		Х						0.	0.	0.
(4) LISA CAHILL	2.00			l					•	
VICE CHAIRMAN	0 00	Х		Х				0.	0.	0.
(5) RICHARD MATHEWS	2.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(6) FRANCIS DENNEHY	2.00	٠,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(7) PATRICIA BAINBRIDGE	2.00	Х						0.	0.	0
DIRECTOR	2.00	^						0.	0.	0.
(8) KARLA POLASCHEK	2.00	Х						0.	0.	0.
(9) CHARLES POPE	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(10) LORI HUNT	2.00	^						0.	· ·	<u> </u>
SECRETARY	2.00			x				20,013.	0.	0.
(11) JOHN MARTIN	40.00							20,013.	0.	<u> </u>
VP OF OPERATIONS	2.00			x				86,358.	0.	0.
VI OI OI MINITORD	2.00							00/3301		
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		1								
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Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)	(C) (D) Position Populable P						(E)			(F)		
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
	week					is bot or/trus		compensation from	compensation from related			nount (other	ΣŤ
	(list any	tor						the	organization			pensa	tion
	hours for	r direc				ted		organization	(W-2/1099-MIS			om the	
	related	stee o	rustee			oen sa		(W-2/1099-MISC)			•	anizati	
	organizations below	lal tru	onal t		oloyee	co ml						d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	2110
	1	=	<u> </u>	0	3	Ξ 0	ш.						
		1											
		ł											
		-											
		<u> </u>											
		\vdash				\vdash							
1h Cub total							L	106,371.		0.			0.
1b Sub-total c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								106,371.		0.			0.
2 Total number of individuals (including but								eceived more than \$100	,000 of reportab	le			
compensation from the organization												· I	0
2 Did the averagination list any favorage office								h:				Yes	No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J fo.</i>											3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$	•							•	•		4		Х
5 Did any person listed on line 1a receive of					•			ted organization or indivi	dual for services				
rendered to the organization? If "Yes," co	mplete Schedui	le J i	for st	uch	pers	son .	· · · · · ·				5		X
1 Complete this table for your five highest	compensated in	den	ando	nt o	onti	racto	ore t	that received more than	\$100,000 of cor	nene	ation f	rom	
the organization. Report compensation for										рспо	ationi	10111	
(A)								(B)			(C		
Name and busine	ss address	N	INC	<u> </u>			_	Description of s	ervices	C	ompe	nsatior	<u> </u>
2 Total number of independent contractors	(includina but r	not li	mite	d to	tho	se lis	ster	d above) who received m	nore than				
\$100,000 of compensation from the orga						0		,					
											Form	9 90 (2	2015)

532008 12-16-15

Pa	rt VI			as in this Dort VIII			
		Check if Schedule O contains a response of	or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	the control of the co	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	730,259. 8,471. Business Code	2,730,259.	revenue	revenue	512 - 514
		Total. Add lines 2a-2f	>				
	3 4 5	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond propositions.	roceeds	35,077.			35,077.
	b	Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities 451,562.	(ii) Other 600.				
	c	Less: cost or other basis and sales expenses 457,372. Gain or (loss) -5,810. Net gain or (loss)	-19,900 .	-25,710.	-25,710.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
Oth	c	Net income or (loss) from fundraising events Gross income from gaming activities. See	>				
	b	Part IV, line 19 a Less: direct expenses b	>				
	10 a	Gross sales of inventory, less returns	37,344. 31,123.				
	C	Net income or (loss) from sales of inventory		6,221.	6,221.		
		MAILING LIST RENTALS	900099	5,566.	5,566.		
	b		900099	4,716.	4,716.		
	0						
		All other revenue		10,282.			
	12	Total revenue. See instructions.		2,756,129.	-9,207.	0.	35,077.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 583,452. 583,452. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 106,371. 69,736. 25,827. 10,808. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 715,090. 488,235. 159,960. 66,895. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 162,349. 99,337. 47,686. 15,326. Other employee benefits 9 58,857. 38,587. 14,293. 5,977. Payroll taxes 10 Fees for services (non-employees): 11 a Management 211. 6,680. 6,469. Legal 30,089. 359. 29,730. Accounting Lobbying Professional fundraising services. See Part IV, line 17 14,000. 14,000. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 69,880. 70,216. 23,331. 163,427 column (A) amount, list line 11g expenses on Sch O.) 15,523. 14,252. 1,271. Advertising and promotion 12 252,361. 37,672. 21,075. 193,614. 13 Office expenses 14 Information technology 15 Royalties 123,468. 12,765. 99,094. 11,609. 16 Occupancy 97,678. 53,676. 36,971. 7,031.

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906.

2,489.

4,563.

10,715.

354,420.

17

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19 20

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22

23

24

25

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

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 0.)

BANK AND CREDIT CARD FE

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Other expenses. Itemize expenses not covered

TAXES AND LICENSES

MISCELLANEOUS

TRAINING

e All other expenses

135,360.

34,906.

35,656.

23,853.

13,214.

3,147.

1,176.

2,576,657.

Check here

132,703.

23,954.

1,488.

5,852.

1,719,386.

898.

1,751.

9,213.

2,799.

3,147.

1,176.

502,851.

11,650.

34,008.

Pal	πλ	Balance Sneet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		89,042.	1	39,478.
	2	Savings and temporary cash investments		252.	2	0.
	3	Pledges and grants receivable, net		47,022.	3	74,750.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compensated	employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified p				
		section 4958(f)(1)), persons described in section 495				
		employers and sponsoring organizations of section 5				
र		employees' beneficiary organizations (see instr). Com			6	
Assets	7	Notes and loans receivable, net	The state of the s		7	
Ä	8	Inventories for sale or use		68,767.	8	53,675.
	9	Prepaid expenses and deferred charges		36,386.	9	24,454.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D10a	1,438,751.			
	b	Less: accumulated depreciation 10k	1,373,738.	90,089.	10c	65,013.
	11	Investments - publicly traded securities	•	841,754.	11	1,157,088.
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	2,604,107.	15	2,470,579.	
	16	Total assets. Add lines 1 through 15 (must equal line		3,777,419.	16	3,885,037.
	17	Accounts payable and accrued expenses		119,250.	17	87,372.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I			21	
S	22	Loans and other payables to current and former office	ers, directors, trustees,			
Ě		key employees, highest compensated employees, ar	d disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated to			23	
	24	Unsecured notes and loans payable to unrelated thir	d parties		24	
	25	Other liabilities (including federal income tax, payable	s to related third			
		parties, and other liabilities not included on lines 17-2	4). Complete Part X of			
		Schedule D		777,696.	25	761,214.
	26	•		896,946.	26	848,586.
		Organizations that follow SFAS 117 (ASC 958), ch	eck here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34				
auc	27	Unrestricted net assets		2,737,267.	27	2,838,423.
3al	28	Temporarily restricted net assets		143,206.	28	198,028.
Fund Balances	29				29	
Ψ		Organizations that do not follow SFAS 117 (ASC 9	58), check here ▶☐☐			
ģ		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment	ent fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income			32	
Z	33	Total net assets or fund balances		2,880,473.	33	3,036,451.
	34	Total liabilities and net assets/fund balances		3,777,419.	34	3,885,037.

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets			•				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			X			
1	Total revenue (must equal Part VIII, column (A), line 12)		2,75					
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,57					
3	Revenue less expenses. Subtract line 2 from line 1	3			72.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5	4	6,5	49.			
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	-7	0,0	43.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	3,03	6,4	51.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HUMAN LIFE INTERNATIONAL TNC. **Employer identification number** 52-1241765

D = .	1	Danaan fan Dublia (EIGHIII EOMILE,							
Pa		Reason for Public									
he o	organ	ization is not a private found			•						
1	Н	A church, convention of ch					1)(A)(i).				
2	Н	A school described in sect									
3	Н	A hospital or a cooperative					-				
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
_		city, and state:									
5		An organization operated for		llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X										
		section 170(b)(1)(A)(vi). (C	•								
8	Н	A community trust describe									
9		An organization that norma	• • • • • • • • • • • • • • • • • • • •		•						
		activities related to its exen		•			• • • • • • • • • • • • • • • • • • • •	•			
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Co	• •								
10	Н	An organization organized	•		•						
11		An organization organized		•	· ·		· · · · · · · · · · · · · · · · · · ·				
		more publicly supported or	~					Check the box in			
		lines 11a through 11d that	* *			-	· · · · · ·				
а			· · · · · · · · · · · · · · · · · · ·	•	•						
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must o									
b			•					-			
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported			
		organization(s). You mus	-								
С							• •	ed with,			
		its supported organizatio		•							
d		☐ Type III non-functionally									
		that is not functionally int	-	• •	•		•	iveness			
		requirement (see instruct	•	-							
е		☐ Check this box if the orga					a Type I, Type II, Type III				
		functionally integrated, or	* *	nally integrated support	ing organi	zation.					
T		er the number of supported of									
g		vide the following information i) Name of supported	iabout the supporte		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
	,	organization	(,	(described on lines 1-9	listed i	n your	support (see	other support (see			
				above (see instructions))	Yes	No No	instructions)	instructions)			
					163	140					
Гotа	ı										

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support		·							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,			
	membership fees received. (Do not									
	include any "unusual grants.")	3030774.	3528766.	3147729.	2719925.	2730259.	15157453.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	2020774	2520766	21 47720	271000	2720050	15157452			
4	Total. Add lines 1 through 3	3030774.	3528766.	3147729.	2719925.	2/30259.	15157453.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						15157452			
	Public support. Subtract line 5 from line 4.						15157453.			
	etion B. Total Support	() 0044	#1.0040	() 0040	(1) 004 (() 0045	(0 T)			
	ndar year (or fiscal year beginning in)	(a) 2011 3030774.	(b) 2012 3528766.	(c) 2013 3147729.	(d) 2014 2719925.	(e) 2015 2730250	(f) Total 15157453.			
	Amounts from line 4	3030774.	3320700.	3141129.	2/19925.	2130233.	1313/433•			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties	111,338.	77,302.	79,576.	62,709.	35,077.	366,002.			
_	and income from similar sources	111,550.	11,302.	19,510.	02,709.	33,077.	300,002.			
9	Net income from unrelated business									
	activities, whether or not the									
10	business is regularly carried on Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)	9,604.	14,453.	3,494.	2,685.	10,282.	40,518.			
11	Total support. Add lines 7 through 10	3,0010	21,1331	3,131	2,0001	20,2020	15563973.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	•	•	,							
	organization, check this box and stop				•		>			
Sec	ction C. Computation of Publ						,			
14	Public support percentage for 2015 (I	line 6, column (f) d	ivided by line 11, c	column (f))		14	97.39 %			
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	95.50 %			
	33 1/3% support test - 2015. If the o					nore, check this bo				
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X			
b	33 1/3% support test - 2014. If the o	-								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□			
17a	10% -facts-and-circumstances tes	•					•			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances tes	-								
	more, and if the organization meets the									
	organization meets the "facts-and-circ									
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support	siew, piedee cerri	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(=, == : :	(=, == :=	(5, 25.5	(2, 2311	(2,2010	(.,
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						,
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(4) 23	(5) 25 : 2	(0, 20.0	(3,7 = 3 + 1	(5) = 5 : 5	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						>
Se	ction C. Computation of Publi						
15	Public support percentage for 2015 (li	ine 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2014	Schedule A, Part	: III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶□
ŀ	33 1/3% support tests - 2014. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	·▶ <u></u>
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	▶

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
3a		
3b		
JD		
3с		
4a		
-1 a		
4b		
4c		
_		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
IUD		

Pa	rt IV	Supporting Organizations (continued)			
	_			Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		the governing body of a supported organization?	11a		
b		illy member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
-		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		// how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
800		C. Type II Supporting Organizations			
<u> </u>	LIOIT	5. Type it oupporting organizations		Yes	No
4	Moro	a majority of the avantitation's divertors by trustees duving the tay year also a majority of the divertors		162	NO
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
800		upported organization(s). D. All Type III Supporting Organizations	1		
Sec	LIOIT	D. All Type III Supporting Organizations		V	N.
_	D: -1 41-			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	_	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	_	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
		orted organizations played in this regard.	3		
		E. Type III Functionally-Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions		
2		ties Test. <i>Answer (a) and (b) below.</i>		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ties but for the organization's involvement.	2b		
3	Paren	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	· ·		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	ion 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-functionall	y-integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2015

Par	ιV	Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organ	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ed 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From	2013			
е	From	2014			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2015 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2015, if			
	any. S	subtract lines 3g and 4a from line 2 (if amount			
		r than zero, see instructions).			
6	Rema	ning underdistributions for 2015. Subtract lines 3h			
	and 4	o from line 1 (if amount greater than zero, see			
	instru	ctions).			
7	Exces	s distributions carryover to 2016. Add lines 3j			
	and 4	Э.			
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
		s from 2014			
е	Exces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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.)
	(See instructions.)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUMAN LIFE INTERNATIONAL TNC. **Employer identification number** 52-1241765

Pa	t I Organizations Maintaining Donor Advised	<u> </u>	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	3.		·
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wri	iting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's ex	_		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or c			
			ŭ	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conserv	ation 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				
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, relea			n during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located >		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation ea	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170)(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organiza	tion's accounting for
_	conservation easements.			
Pa	t III Organizations Maintaining Collections of A		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhib	, ,	ance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	ıblic service,	provide the following amounts
	relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
_				\$
2	If the organization received or held works of art, historical treas	,	aı gaın, provid	ie
	the following amounts required to be reported under SFAS 116	-		Φ.
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2015

		IFE INTERN			.NC •				41/65	
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other recor	ds, check ar	ny of the	following that	at are a s	significan	t use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	(change progra					
b	Scholarly research	•	e L Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's co							oose in Par	t XIII.	
5	During the year, did the organization solicit of								7	
_	to be sold to raise funds rather than to be ma								Yes	No_
Pai	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		-						_	
	on Form 990, Part X?							L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tabl	e:				1		
								-	Amount	
	Beginning balance							-		
d	Additions during the year							-		
е	Distributions during the year									
f	Ending balance							<u> </u>	_	
	Did the organization include an amount on F						•	L	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i		1							
		(a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three	years back	(e) Four ye	ears back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•	ce (line 1g, c	olumn (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho	·								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held a	and administe	ered for t	the organ	ization		
	by:									es No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza)				. 3b	
4 Do:	Describe in Part XIII the intended uses of the		owment fun	ds.						
Pai	t VI Land, Buildings, and Equipm		0.5		o					
	Complete if the organization answere									
	Description of property	(a) Cost or o			t or other	٠,	ccumula		(d) Book v	alue
		basis (invest	ment)	Dasis	(other)	de	preciatio			
	Land									
	Buildings			າ 1	3,634.		200,5	82	1 2	,052.
	Leasehold improvements				25,117.		$\frac{200,3}{173,1}$,961.
	Equipment			1,42	,	Ι,	<u> </u>	- 50 •	71	, J U I •
е	Other	1						1		

Schedule D (Form 990) 2015

65,013.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2015 HUMAN LIFE	INTERNATION	AL. INC.	52-1241765 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		ne 11d. See Form 990, Part X,	
	Description		(b) Book value
(1) DUE FROM (C)(2) AFFILIATE	i		2,282,677
(2) DONATED ASSETS (3) LIFE INSURANCE POLICY			32,619 154,772
1-7			511
(-)			311
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		2,470,579
Complete if the organization answered "Yes"	on Form 990 Part IV li	ne 11e or 11f See Form 990 I	Part X line 25
1. (a) Description of liability	0111 01111 000, 1 art 10, 11	(b) Book value	art X, iiile 20.
(1) Federal income taxes		.,	
(2) ANNUITIES PAYABLE		761,214.	
(3)		,	
(4)			
(5)			
(6)			
(7)			

761,214. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

(8)

Pai	Reconciliation of Revenue per Audited Financial State		Revenue per H	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			1	2,875,686.
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	2,073,000.
z a	Net unrealized gains (losses) on investments	2a	46,549.		
b	Donated services and use of facilities		10,010	-	
c	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)		53,108.	-	
e	Add lines 2a through 2d			2e	99,657.
3	Subtract line 2e from line 1			3	2,776,029.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-19,900.		
С	Add lines 4a and 4b			4c	-19,900.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,756,129.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements Witl	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	2,706,416.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			_	
b	Prior year adjustments		10 000	_	
С	Other losses		19,900.	_	
d	Other (Describe in Part XIII.)		123,859.		142 850
е	Add lines 2a through 2d			2e	143,759.
3	Subtract line 2e from line 1			3	2,562,657.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		14 000	-	
	Other (Describe in Part XIII.)	4b	14,000.		14 000
	Add lines 4a and 4b			4c	14,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,576,657.
	t XIII Supplemental Information.	D 1 N/ I' 41	101 5 11/ 1	4.5.	V.E. 0.D. 1.VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,
111163	zu and 45, and Fart Ail, lines zu and 45. Also complete this part to provide any	additional infort	nation.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	•				
IN	VESTMENT EXPENSES NETTED WITH INCOME				-14,000.
REV	VENUE RELATED TO ENDOWMENT REPORTED ON S	EPERATE	990		136,893.
CHZ	ANGE IN SPLIT INTEREST AGREEMENTS				-69,785.
TOT	AL TO SCHEDULE D, PART XI, LINE 2D				53,108.
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
~ 3 -	N ON CALE OF FIVED ACCES				C 00
GA.	N ON SALE OF FIXED ASSET				600.
T.O.	SS ON DONATED ASSETS				-20,500.
ПO	ON ON DOMUTED USBEIS				-20,300.
י∩ת	TAL TO SCHEDULE D, PART XI, LINE 4B				-19,900.
<u> </u>	10 DOMEDONE D, IAMI AI, DIME TO				10,000

532055

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

					EO 1041E	c =
HUMAN LIFE INTE			tside the United States. Comple		52-12417	
Form 990, Part IV		ictivities Ou	iside the United States. Compa	ete if the organ	iization answered "	Yes" on
1 For grantmakers. Does	the organization		ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prodescribe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EUROPE			GRANTMAKING			161,464.
ASIA			GRANTMAKING			124,916.
LATIN AMERICA			GRANTMAKING			80,715.
AFRICA			GRANTMAKING			216,357.
3 a Sub-total	0	0				583,452.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				583,452.

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ITALY	GRANTMAKING	100,720.	WIRE	0.		
		ENGLAND	GRANTMAKING	5,000.	WIRE	0.		
		HUNGARY	GRANTMAKING	15,390.	WIRE	0.		
		MALTA	GRANTMAKING	5,562.	WIRE	0.		
		PHILLIPINES	GRANTMAKING	116,498.	WIRE	0.		
		POLAND	GRANTMAKING	29,568.	WIRE	0.		
		SOUTH AFRICA	GRANTMAKING	8,148.	WIRE	0.		
		TANZANIA	GRANTMAKING	61,400.	WIRE	0.		
			recognized as charities by the n 501(c)(3) equivalency letter		, recognized as tax-e			

3 Enter total number of other organizations or entities

Part II	Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1 ago <u>=</u>
1 (a) Name	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			UGANDA	GRANTMAKING	22,077.	WIRE	0.		
					6 550				
			UKRAINE	GRANTMAKING	6,750.	MIKE	0.		
							_		
			ZIMBABWE	GRANTMAKING	7,590.	WIRE	0.		
			AUSTRIA	GRANTMAKING	24,552.	WIRE	0.		
			CROATIA	GRANTMAKING	37,584.	WIRE	0.		
			AFRICA	GRANTMAKING	12,366.	WIRE	0.		
			KENYA	GRANTMAKING	28,494.	WIRE	0.		
					, ,		-		
			BOLIVIA	GRANTMAKING	77,715.	WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients non-cash assistance cash grant cash disbursement non-cash assistance CHURCH RELATED - MASS STIPENDS W. AFRICA 1 6,630.WIRE 0. CHURCH RELATED - MASS STIPENDS KENYA 1 6,904.WIRE 0. CHURCH RELATED - MASS STIPENDS UGANDA 1 5,344.WIRE 0.

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		77
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	L Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
O	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

52-1241765 HUMAN LIFE INTERNATIONAL, INC. Schedule F (Form 990) 2015 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. SCHEDULE F, PART I, LINE 2 FOR ALL OF THE INTERNATIONAL AFFILIATES TO WHOM THE ORGANIZATION SENDS MONEY, THE ORGANIZATION REQUIRES WRITTEN MONTHLY REPORTS OF ACTIVITIES AND PHOTOS OF EVENTS. ADDITIONALLY, THE ORGANIZATION IS IN REGULAR CONTACT VIA EMAIL. LASTLY, FOR THE COUNTRIES WHERE THE ORGANIZATION GIVES THE MOST MONEY, A REPRESENTATIVE OF THE ORGANIZATION MAKES IT A PRACTICE TO VISIT THESE AFFILIATES PERIODICALLY AND WORKS SIDE BY SIDE WITH THEM.

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUMAN LIFE INTERNATIONAL, INC.

Employer identification number 52-1241765

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONNECTION WITH THE RIGHTS OF PERSON BOTH BORN AND UNBORN.
FORM 990, PART VI, SECTION B, LINE 11:
THE VP FOR OPERATIONS AND THE TREASURER REVIEW A COPY OF THE 990 BEFORE IT
IS FILED. THE ORGANIZATION PROVIDES COPIES OF THE FORM 990 TO ITS BOARD
MEMBERS UPON REQUEST ONLY.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, DC, FL, GA, MN, MS, NH, NC, OK, PA, TN, VA, WV, WI
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND
POLICIES AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN SPLIT INTEREST AGREEMENTS -69,785.
DIFFERENCE IN PRIOR YEAR NET ASSETS -258.
TOTAL TO FORM 990, PART XI, LINE 9 -70,043.
FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

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

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

Department of the Treasury Internal Revenue Service

HUMAN LIFE INTERNATIONAL, INC.

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

(b)

Primary activity

 $\begin{array}{c} \text{Employer identification number} \\ 52 - 1241765 \end{array}$

(f)

Direct controlling

entity

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	1						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one	or more related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)	(f)	(9	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section	entity	-	ity?
				501(c)(3))		Yes	No
HLI ENDOWMENT, INC 52-1729217	4				HUMAN LIFE		
4 FAMILY LIFE LANE	4		L	1.	INTERNATIONAL,		 ,,
FRONT ROYAL , VA 22630	PROPERTY	DISTRICT OF COLUMBIA	501(C)(2)	N/A	INC.		X
	4						
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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.

	thereinp daring the ta	x your.									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentage ownership
		country)		sections 512-514)		4,000,00	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
											<u> </u>
										\vdash	

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	i) Sect) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	contr	
		country)		0. 1.0.0.9				Yes	No
	1								
	1								
	1								
	1								
		30		•					

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Yes No

1a

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b		_ X
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)						X
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)						X
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>	X	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		X
m Performance of services or membership or fundraising solicitations by related orga	anization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	ion(s)			1n	X	
Sharing of paid employees with related organization(s)				1o	Х	
p Reimbursement paid to related organization(s) for expenses						X
q Reimbursement paid by related organization(s) for expenses				1q	X	
						X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	nis line, including covered relat	ionships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involved		
(1) HLI ENDOWMENT, INC.	K	13,033.co	ST			
(2)						
(3)						
(4)						
(5)						
(6)	1					
32163 09-08-15	39			ule R (Fori		

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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)	(b)	(c)	(d)	(e) Are a		(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are a partners	sec.	Share of	Share of	Disp	ropor-	Code V-UBI	General	or Percentag
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501(c) orgs.	(3) ?	total	end-of-year	alloca	nate ations?	amount in box 20 Lof Schedule K-1	partne	ownershi o
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes I	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	0
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					\dashv			+	1		\vdash	+
					\dashv			-	 		\vdash	_
												1
				\vdash	\dashv			+	\vdash		\vdash	+
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