			PUBLIC INSPECTION C	COPY		
			EXTENDED TO MAY 15, 2	2019		
	Δ	00	Return of Organization Exempt F		ncome Tax	OMB No. 1545-0047
Forr	n H	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			15) 2017
Depa	rtment	of the Treasury	Do not enter social security numbers on this form	as it may l	pe made public.	Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and			Inspection
-				ending J	UN 30, 2018	
Β C a	heck if pplicab	le:	forganization		D Employer identific	ation number
	Addre chang		FOR THE INNOCENT			070550
	_chang _Initial _returr	ge Doing bi	usiness as	Deere /auite		
	Final	1501		Room/suite 105	E Telephone number	408-5384
	⊥returr termi ated	n – – – – – – – – – – – – – – – – – – –	own, state or province, country, and ZIP or foreign postal code	100	G Gross receipts \$	1,194,722.
	Amer Amer		COLLINS, CO 80524		H(a) Is this a group re	
	Appli	^{ca-} F Name a	nd address of principal officer: CHRIS SEMMENS		for subordinates'	
	pend		AS C ABOVE		H(b) Are all subordinates in	
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)
			LIFEFORTHEINNOCENT.ORG		H(c) Group exemption	
	_		X Corporation Trust Association Other ►	L Year	of formation: 2015 M	State of legal domicile: CO
Ра	rt I					
Activities & Governance	1	Briefly describ	e the organization's mission or most significant activities: PARTI RESTORE AND RENEW CHILDREN AFFECT	NERS W TED BY	HUMAN TRAFI	FICKING
rna	2		x x if the organization discontinued its operations or dispos			
ove	3		ting members of the governing body (Part VI, line 1a)			4
ي 2	4		lependent voting members of the governing body (Part VI, line 1b)			3
es	5	Total number	of individuals employed in calendar year 2017 (Part V, line 2a) \ldots			5
iviti	6		of volunteers (estimate if necessary)			30
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>	7b	0.
					Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)		1,183,955.	1,142,913.
Revenue	9		ce revenue (Part VIII, line 2g)		45.	117.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		4,895.	5,257.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,188,895.	1,148,287.
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) . nilar amounts paid (Part IX, column (A), lines 1-3)		1,100,055.	809,263.
			to or for members (Part IX, column (A), line 4)		0.	0.000
s	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		223,519.	164,837.
Expenses			undraising fees (Part IX, column (A), line 11e)		9,600.	0.
per			ing expenses (Part IX, column (D), line 25) 58,6 2	18.		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		880,713.	112,946.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,113,832.	1,087,046.
	19	Revenue less	expenses. Subtract line 18 from line 12		75,063.	61,241.
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
alan	20	Total assets (F	Part X, line 16)		136,982.	187,742.
at As	21		(Part X, line 26)		14,162.	3,922.
Fur	22		fund balances. Subtract line 21 from line 20		122,820.	183,820.
	rt II					1 1 1 1 1 1 1 1 1 1 1
	-		I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign Here	Signature of officer CHRIS SEMMENS, PRESIDE Type or print name and title	NT	Date	
Paid	Print/Type preparer's name RON MARKLUND	Preparer's signature	Date Check PTIN if self-employed P0198551	
Preparer	Firm's name DUGAN & LOPATKA,		Firm's EIN ► 36-288648	5
Use Only	Firm's address 4320 WINFIELD RO	AD SUITE 450		
	WARRENVILLE, IL	60555-4036	Phone no. $630 - 665 - 4440$	
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes	No
		and the second stratements to the second	– 000 /	0017)

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

		PUBLIC INSPECTION	СОРҮ	
		R THE INNOCENT	47-40705	50 Page
Pa	rt III Statement of Program Ser	•		2
1	Briefly describe the organization's missic	sponse or note to any line in this Part III	<u></u>	
•			NITIES TO RESCUE, RESTO	RE AND
		TED BY HUMAN TRAFFICK	-	
2		ficant program services during the year whether the sear whether the sear whether the sear whether the search whether the searc		Yes X N
3	If "Yes," describe these new services on Did the organization cease conducting, of	Schedule O. or make significant changes in how it cond	ucts, any program services?	Yes X N
4	If "Yes," describe these changes on Sch	nedule O.	largest program services, as measured by exp	00000
4	Section 501(c)(3) and 501(c)(4) organizat	tions are required to report the amount of	grants and allocations to others, the total expe	
4a	revenue, if any, for each program service (Code:) (Expenses \$	e reported. 897,973. including grants of \$	809,263.) (Revenue \$	1,447.
та			OUTH ASIA WORKS WITH PA	
			OR CHILDREN TRAFFICKED	
			, THE TEAM PROVIDES INI	
			G MEDICAL EXAMINATIONS	
			EDIATELY GOES ON THE MI	
			Y MEMBERS WHO MAY BE LO	
			EN RESIDE IN LFTI TRANS	
			CE TO HEAL AND GROW. LF	TI
			HILDREN IN SOUTH ASIA. , DEPENDING ON THE LEVE	
			, DEPENDING ON THE LEVE UAL, EDUCATIONAL AND EM	
			THEIR VETTED, ADOPTIVE	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
10				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4d	Other program services (Describe in Sch (Expenses \$) (Revenue \$)	
4e	Total program service expenses	including grants of \$ 897,973.		
73200	2 11-28-17	SEE SCHEDULE O FOR	F CONTINUATION(S)	Form 990 (20
60	125 759574 1857	2 2017.05030 LIFE B		1857
00	TTO 199914 TO91	ZOII.ODODO DILE I		- U J /

	990 (2017) LIFE FOR THE INNOCENT 47-40	70550	Р	age 3
Pa	t 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)?		v	
~	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe			- 23
4	during the tax year? If "Yes," complete Schedule C, Part II			x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt 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, permaner	ıt		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	. 10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	. 11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. <u>11c</u>		X
a	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	444		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>			X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
	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			
120	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		-	<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?			Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u>-</u> -
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	. 17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			x
	complete Schedule G, Part III	19		L 43

Form **990** (2017)

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Form	990 (2017) LIFE FOR THE INNOCENT 47-407	0550	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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		X
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		X
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		Х
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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			X
	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		L
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

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Part U Statements Regarding Other IRS Filings and Tax Compliance Check II Schedule O contains a response or note to any line in this Part V Image: Check II Schedule O contains a response or note to any line in this Part V Image: Check II Schedule O contains a response or note to any line in this Part V Image: Check II Schedule O contains a response or note to any line in this Part V Image: Check II Schedule O contains a response or note to any line in this Part V Image: Check II Schedule O contains a response or note to any line in this Part V Image: Check II Schedule O contains Check II Schedule O Conta	Form	990 (2017) LIFE FOR THE INNOCENT 47-407)550) (-age 5
1a Enter the number reported in Box 3 of Form 1096. Enter 40- if not applicable 1a 3 Yes No 1a Enter the number of Forms W 2G included in In 1a. Enter -0- if not applicable 1b 0 0 0 1b 1c					
a Enter the number eponds in Box 3 of Fam 1096. Enter -0: If not applicable in 3 b Enter the number of forms W23 foliabled in line is a Enter 0: 4 not applicable payments to vendors and reportable gaming (gambling) winnings to pizs winnes? 1c 2 Enter the number of forms W23 foliabled in line is a Liner 0: 4 not applicable payments to vendors and reportable gaming (gambling) winnings to pizs winnes? 2b X 3 Enter the number of employees reported on form W3, Transmittal of Wage and Tax Statements. 2a 5 4 Enter the number of employees reported on form W3, Transmittal of Wage and Tax Statements. 2a X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-//le (see instructions) 3a X 3 Do the organization have unitable busies gross process of Statements. 2a X 4 A ray time the name of the foreign country. 4a X 5 Bo with organization pare to increase that any time during the axis year? 5a X 5 Bo with organization pare to aprohibited tax shelter transaction any time during the axis year? 5a X 6 Bo with organization pare to aprohibited tax shelter transaction any time during the axis year? 5a X 6 Do any taxable party notify the organization that was or to a party 10 a prohibited tax shelter transaction? 5a		Check if Schedule O contains a response or note to any line in this Part V			
b Exter the number of Forms W-20 included in line 1a. Enter 0- if not applicable 10 10 10 c Did the organization compty with backup withhoding use for reportable gammers to vendos and reportable gaming (gambing) winnings to prize winners? 1c 1c 2a Enter the number of employees reported on form W-3. Transmittal of Wage and Tax Statements. 2a 5 2b If the state calcular year and and 2a is greater than 920, your may be required to effect employment tax returns? 2b X b If at least one is reported on line 2n, did the organization file all required feelant employment tax returns? 2b X b If the state file all employment tax returns? 2b X b If the state file all employment tax returns? 2b X b If 'Yes, 'neither hame of the foreign country. 5a X b Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b Did any taxable party notify the organization have an inferest tin, or a signature or other dualing the tax sent? 5a X b If 'Yes, 'i did the organization file ForeißEN and any to a prohibited tax shellse transaction? 5a X c If 'Yes, 'i did the or				Yes	No
b Enter the number of Forms W20 included in line 1a. Enter 0- in not applicable Int the any include in line 1a. Enter 0- in not applicable payments to venders and reportable garning (garnbling) winnings to prize winners? Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Inter 0-100000000000000000000000000000000000	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? 16 2a Enter the number of employees reported on Form W3, transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2a 5 3b If at least one is reported on line 2a, did the organization file al required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 0+///6 (see instructions) 3a X 3b Did the organization have unnelled business goes incore of 51 (soll 000 or more during the year? 3a X 4b H*Yes, 'thai if field a form 90-71 for this year? If No, 'to ime 3b, provide an explanation in X-shedule O 3b X 5c If *Yes, 'to line 5a or 5b, did the organization have an interest in, or a signature or other authorty over, a financial accountly results and the organization have and the vaso is a party to a prohibed tax shelter transaction? 5a X 5d Did and regarization have annual gross receipts that an onormally greater than \$10,000, and did the organization have annual gross receipts that an onormally greater than \$10,000, and did the organization solid any contributions at explores that an onormally greater than \$10,000, and set or party or par			<u></u>		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the calendar year and ending with or within the year covered by this return. 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b If at least one is greater than 250, you may be required to e-file (see instructions) 3a X b If "Yes," has it filed a Form 980-T for this year? If "No," to line 3b, provide ar explanation in Schedule O 3a X b If Yes," has it filed a Form 980-T for this year? If "No," to line 3b, provide ar explanation in Schedule O 3a X b If Yes," then the name of the foreign country (such as a bark account, securities account, or other financial account? 4a X 5 Was the organization have unamular greater than 3100-00 more during the tax year? 5a X 5 Was the organization have annual greas records on any time during the tax year? 5a X 6 Does the organization have annual greas records on any time during the tax year? 5a X 6 Diff were during the cargonization have year solution an appress tatement that such contributions or gifts were not tax deductible as charitable contributions? 5a X 7 Organization tave annual greas r					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the calendar year and ending with or within the year covered by this return. 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b If at least one is greater than 250, you may be required to e-file (see instructions) 3a X b If "Yes," has it filed a Form 980-T for this year? If "No," to line 3b, provide ar explanation in Schedule O 3a X b If Yes," has it filed a Form 980-T for this year? If "No," to line 3b, provide ar explanation in Schedule O 3a X b If Yes," then the name of the foreign country (such as a bark account, securities account, or other financial account? 4a X 5 Was the organization have unamular greater than 3100-00 more during the tax year? 5a X 5 Was the organization have annual greas records on any time during the tax year? 5a X 6 Does the organization have annual greas records on any time during the tax year? 5a X 6 Diff were during the cargonization have year solution an appress tatement that such contributions or gifts were not tax deductible as charitable contributions? 5a X 7 Organization tave annual greas r			1c		
Time of or the calendary year anding with or within the year covered by this return	2a				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 X 3a Did the organization have unrolated business gross in come of \$1,000 or more during the year? 3a X 3b Tyres, 'has it filed a form 390.7 for this year? If 'No,' to line 30, provide an explanation in Schedule O 3b X 4 At any time the time of the foreign country (such as a bark account, securities account, or other financial account)? 4a X 5 Bit inves,' the foreign country (such as a bark account, securities account, or other financial account)? 5b X 5 Was the organization have environic the organization have any time during the taxy sea? 5a X 5 Did any taxable party notify the organization the Start tax as on's a party to a prohibited tax shelter transaction? 5b X 5 Did any taxable party notify the organization tax be association an express statement that such contributions or gifts were not tax deductible of eductible on the tax set of the organization set and services provided to the payo? 7a X 7 Types,'' did the organization notify the donor of the value of the goods or services provided? 7a X 7 Types,'' did the organization notify the donor of the value of the goods or services provided? 7a X			5		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a X 3b Diff the organization have unrelated business gress income of \$1.000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest 1, or a signature or other authority over, a financial account in a foreign country. 4a X b If "Yes," there the name of the foreign country. See instructions for filing requirements for Financial Accounts (FAR). 5a X 5a b di any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5b Do bas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible orthbuiltions or gifts were not tax deductible as charhable contributions? 5a X 7b If "Yes," did the organization noice with were ys solication an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the party? 7a X 7b If "Yes," did the organization noice in any contribution solid were required to may contribution solid were organization noice any contribution song the solid bio organization noice any file.	b		2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, 'has if liked a Form 900-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 3b X b If Yes, 'has if liked a Form 900-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a X b If Yes, 'has if liked a Form 900-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a X b If Yes, 'has if liked a Form 900-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a X b If Yes, 'has if liked a Form 900-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a X b If Yes, 'has if liked a community if the organization that was a sa barb to a prohibited tax shelt transaction? 5a X b D da any taxable party notify the organization the Tax shelt transaction and party way and the organization societ any contributions include with every solicitation an express statement that such contributions or gifts 5a X b If Yes, ' did the organization necker apament in excess of \$75 made party is a party to a prohibited tax shelt transaction? 7a X b If Yes, ' did the organization necker apament in excess of \$75 made party is a contribution and party itrig goods and services provided to the particle in the apament in excess of \$75 made party is a contribution and party itrig oods and services provided to the partic					
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11 Section 501(c)(12) organizations. Enter: IIa IIa a Gross income from members or shareholders IIa IIa b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) IIb IIb 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year I2b III 13 Section 501(c)(29) qualified nonprofit health insurance issuers. IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			-		
a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 14a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13b 13a 14a X					
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X			-		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Section is licensed to issue qualified health plans 13b Image: Section is licensed to issue qualified health plans c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: Section 13b c Enter the amount of reserves on hand 13c Image: Section 13b Image: Section 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a	12a		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X					
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a X					
Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a		
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 					
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b				
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	с				
			14a		X
	b		14b		

Form **990** (2017)

732005 11-28-17

	1990 (2017) LIFE FOR THE INNOCENT T VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	47 - 407			Pag
1 41	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	•	a NO I	espoi	13
	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				-
				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a '	4		
	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		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				
	officer, director, trustee, or key employee?		2		_
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		_
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		_
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
а	The governing body?		8a	X	
	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 re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenue Code.)			
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				Ī
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," describe			
	in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approv				-
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
	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 arrange	ment with a			
	taxable entity during the year?		16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate				
	exempt status with respect to such arrangements?		16b		
200	tion C. Disclosure				•
	List the states with which a copy of this Form 990 is required to be filed AK, CO, GA, MI, N	IN MS NV OR SU	י דיא	172	Ń
17					-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-		avallar	ne	
	for public inspection. Indicate how you made these available. Check all that apply.	in Cabadula ()			
10		n in Schedule O)		-1-1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	muct of interest policy, ar	ia finan	cial	
~	statements available to the public during the tax year.	and an and a set in the			
20	State the name, address, and telephone number of the person who possesses the organization's be CEDARSTONE HOLDINGS $- 630-580-5639$	DOKS and records:			_
	209 E LIBERTY DRIVE, WHEATON, IL 60187				-
			F.		-
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<u> </u>	125 759574 1857 2017.05030 LIFE FOR THE I		1 0 1		
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		0 3 3 0	Page I

LIFE FOR THE INNOCENT Form 990 (2017) 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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not o	Pos heck	ition	thon	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d I	recto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e	suadu		(W-2/1099-MISC)		organization
	below	ual tr	ional		yolqr	t con /ee				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) CHRIS SEMMENS	10.00	_			×		<u> </u>			
PRESIDENT/FORMER EXECUTIVE DIRECTOR		х		x				25,500.	0.	0.
(2) ANDY JONES	1.00									
SECRETARY		х		x				0.	0.	0.
(3) ROBIN PARKER	1.00									
DIRECTOR		Х						0.	0.	0.
(4) JOSH FORSTER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) TOM MITCHELL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) TOM ELLIOTT	1.00									
DIRECTOR		Х						0.	0.	0.
			<u> </u>	<u> </u>		<u> </u>	<u> </u>			
										Form 990 (2017)
732007 11-28-17										⊢orm 990 (2017)

2017.05030 LIFE FOR THE INNOCENT

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	990 (2017) LIFE FOR									47-40	70	550	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week (list any hours for	box offic	not c , unle	Pos heck ss pe	more rson lirecto	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatior from related organizations (W-2/1099-MIS	;	arr com	(F) timate nount o other pensa om the	of tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		,	and	anizati d relate nizatio	ed
									25 500		0			
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							25,500. 0. 25,500.		0.0.0.			0.0.0.
2	Total number of individuals (including but no compensation from the organization),000 of reportable	-			0
3	Did the organization list any former officer,	•			•	•	•		•		[Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	atior	n and	d otl		the organization		3		X X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	iccrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			5		x
	tion B. Independent Contractors									•				
1	Complete this table for your five highest con the organization. Report compensation for t										pensa	ation f	rom	
	(A) Name and business	address	NC	ONE	3			_	(B) Description of s	ervices	C	(C omper	;) nsatior	<u>า</u>
								_						
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lii	nite	d to	tho (se lis)	stec	d above) who received n	nore than		Form	990 (2	2017)
)

732008 11-28-17

		Check if Schedule O cont				(B) Related or	(C) Unrelated	(D) Revenue exclu
					Total revenue	exempt function revenue	business revenue	from tax un sections 512 - 514
nts	1 a	Federated campaigns	1a					
Do	b	Membership dues						
and Other Similar Amounts	с	Fundraising events	1c	186,126.				
ilar	d	Related organizations	1d					
ЗіТ,		Government grants (contribut	· ·					
e S	f	All other contributions, gifts, gran						
Ę		similar amounts not included abo		956,787.				
p	g	Noncash contributions included in lines	1a-1f: \$		1 1 1 0 0 1 0			
ā	h	Total. Add lines 1a-1f		>	1,142,913.			
				Business Code				
	2 a							
e	b							
én	С							
Ř	d							l
Řevenue	e	<u>.</u>						
		All other program service reve						
_	<u> </u>	Total. Add lines 2a-2f						
	3	other similar amounts)			117.			1
	4	Income from investment of ta			/			
	- 5	Royalties						
	5	noyalles	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		(
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		····· •				
a		Gross income from fundraisin						
nué		including \$ 186,1	26. of					
eve		contributions reported on line	1c). See					
		Part IV, line 18	a	48,614.				
Uther Revenue	b	Less: direct expenses		44,804.				
ر ا ر	с	Net income or (loss) from fund	draising events	►	3,810.			3,8
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a	I				
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities .	►				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold			1 448	1 440		
	С	Net income or (loss) from sale			1,447.	1,447.		
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	с	A 11 11						
		All other revenue						
		Total. Add lines 11a-11d			1,148,287.	1 / / 7	0.	3,9
	12	Total revenue. See instructions.			ц , 140, 40/ •!	1,447.	υ.	צ, כו

47-4070550 Page 10 LIFE FOR THE INNOCENT Form 990 (2017) 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) (B) (C) (A) 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 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign 809,263. 809,263. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 20,655. 1,785. 25,500. 3,060. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 125,611. 41,926. 62,811. 20,874. 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 13,726. 5,685. 5,983. 2,058. Payroll taxes 10 Fees for services (non-employees): 11 a Management 1,848. 1,848. b Legal Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 49,203. 10,000. 25,203 14,000. column (A) amount, list line 11g expenses on Sch O.) 2,796. 2,796. Advertising and promotion 12 5,892. 30,423. 4,558. 19,973. Office expenses 13 3,871. 667. 2,660. 544. Information technology 14 Royalties 15 16 Occupancy 5,410. 1,732. 803. 2,875. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 602. 602. Depreciation, depletion, and amortization 22 3,920. 3,920. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 5,092. 3,592. 1,500. MISCELLANEOUS а VIDEO PRODUCTION 4,605. 2,072. 2,533. h 3,144. 1,729. DESIGN SERVICES 1,415. С 2,032. STAFF/VOLUNTEER APPRECI 2,032. d e All other expenses 58,618. 1,087,046. 897,973. 130,455 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

732010 11-28-17

12360125 759574 1857

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

Check here

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LIFE FOR THE INNOCENT

	(2017) LIFE FOR THE II Balance Sheet					070550 Page
	Check if Schedule O contains a response or note	to any line ir	n this Part X			L
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			126,167.	1	160,40
2	Savings and temporary cash investments			0.	2	21,70
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensat					
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualifi					
-	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of section					
	employees' beneficiary organizations (see instr).		-		6	
7	Notes and loans receivable, net				7	
8				6,120.	8	5,02
9	Inventories for sale or use Prepaid expenses and deferred charges			3,250.	9	5,02
	Land, buildings, and equipment: cost or other	I	····· -	5,250.	3	
104	basis. Complete Part VI of Schedule D	100	1 806			
			1,806.	1,445.	10c	60
	Less: accumulated depreciation			1,445.		00
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line 1			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			136,982.	15	107 7/
16	Total assets. Add lines 1 through 15 (must equa			7,885.	16	<u>187,74</u> 3,92
17	Accounts payable and accrued expenses	7,005.	17	5,92		
18	Grants payable			18		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete P				21	
22	Loans and other payables to current and former					
	key employees, highest compensated employees	· ·				
	Complete Part II of Schedule L		······ -		22	
23	Secured mortgages and notes payable to unrelat				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines	17-24). Comp	olete Part X of			
	Schedule D			6,277.	25	
26				14,162.	26	3,92
	Organizations that follow SFAS 117 (ASC 958)	, check here	► <u>X</u> and			
	complete lines 27 through 29, and lines 33 and			100 000		100.00
27	Unrestricted net assets			122,820.	27	183,82
28	Temporarily restricted net assets				28	
29					29	
	Organizations that do not follow SFAS 117 (AS	SC 958), cheo	ck here ▶			
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds		L		30	
31	Paid-in or capital surplus, or land, building, or equ	uipment fund			31	
32	Retained earnings, endowment, accumulated inc				32	
33	Total net assets or fund balances			122,820.	33	183,82
34	Total liabilities and net assets/fund balances			136,982.	34	187,74

732011 11-28-17

Form 99	00 (2017) LIFE FOR THE INNOCENT	47-407	0550	Pag	ge 12
Part X	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 To	otal revenue (must equal Part VIII, column (A), line 12)	1	1,14		
2 To	otal expenses (must equal Part IX, column (A), line 25)	2	1,08	7,0	46.
3 Re	evenue less expenses. Subtract line 2 from line 1	3			41.
4 Ne	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12:	2,8	20.
5 Ne	et unrealized gains (losses) on investments	5			
6 Do	onated services and use of facilities	6			
7 In	vestment expenses	7			
8 Pr	rior period adjustments	8		-2	41.
	ther changes in net assets or fund balances (explain in Schedule O)	9			0.
	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
cc	plumn (B))	10	18:	3,8	20.
Part X	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 Ad	ccounting method used to prepare the Form 990: 🗌 Cash 🛛 🗴 Accrual 🔲 Other				
	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a W	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
se	eparate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b W	ere the organization's financial statements audited by an independent accountant?		2b	Х	
	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	ponsolidated basis, or both:	,			
Γ	X Separate basis Consolidated basis Both consolidated and separate basis				
	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	view, or compilation of its financial statements and selection of an independent accountant?	-	2c		Х
	the organization changed either its oversight process or selection process during the tax year, explain in Sch				
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	ct and OMB Circular A-133?		3a		Х
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2017)

732012 11-28-17

	SCHEDULE A (Form 990 or 990-EZ	.) [nplete if the organ 494	rity Status an ization is a section 50 47(a)(1) nonexempt cha	1(c)(3) org ritable tru	anization ust.			OMB No. 1545-0047 2017 Open to Public
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Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization for a private foundation because it (if or fires 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A A condition concentric of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A maginization operated for the benefit of a collage or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i). A na granization the normally receives a substatial part of its support from governmental unit described in section 170(b)(1)(A)(i). A na granization than omality receives a substatial part of its support from governmental unit a land;grant college or university or anon-land;grant college of agriculture (see instructions). Enter the name, city, and state the college or university or anon-land;grant college of agriculture (see instructions). Enter the name, city, and state the college or university or anon-land;grant college of agriculture (see instructions). Enter the name and trick and the college or university. 10 An organization t	Name of the organiza								
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2 A school described in section 170(b)(1)(A)(II). Attain School Je [F (Fm 990 or 990 E2)). 3 A hospital or a cooperative hospital sense organization described in section 170(b)(1)(A)(III). Enter the hospital's name, ethy, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(III). Enter the hospital's name, ethy, and state: 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 7 XI An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from achylides related to its exempt functions: subject to certain exceptions, and (2) no more than 33 1/3% of its support from groganization organization organization deparated exclusively to test for public safety. See section 509(a)(3). Complete Part III.) 11 An organization organization deparated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization deparated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(2). Complete Part III.) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
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12 An organization organization adeprated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization operated, or controlled to by its supported organization(s), by having control or management of the supporting organization vested in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated organization(s). g Provide the following information about the supported organization(s). g Provide the following information about the supported organization(s). g Provide the following i	See section	n 509(a)(2). (Com	plete Part III.)						
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Organization above (see instructions)) Yes No Support (see instructions) Support (see instructions)			(ii) EIN		(iv) Is the orga in your governi	inization listed		-	
	organizati	on			Yes	No	support (see in	istructions)	support (see instructions)
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		eduction Act No	tice see the Instr	uctions for Form 900 o	r 990_F7	732021 10	06-17 Scho	dule A (Ecr	m 990 or 990-E7) 2017

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Schedule A (Form 990 or 990 EZ) 2017 LIFE FOR THE INNOCENT

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			723,094.	1,183,955.	1,142,913.	3,049,962.
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						
4	Total. Add lines 1 through 3			723,094.	1,183,955.	1,142,913.	3,049,962.
5							
	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)						93,027.
6	Public support. Subtract line 5 from line 4.						2,956,935.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4			723,094.	1,183,955.	1,142,913.	3,049,962.
8	Gross income from interest,						· · · ·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			2.	45.	117.	164.
9	Net income from unrelated business	·					
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			809.	4,895.		5,704.
11	Total support. Add lines 7 through 10				,		3,055,830.
	Gross receipts from related activities,	etc. (see instructi	ions)			12	3,055,830. 51,692.
	First five years. If the Form 990 is for		,	ird fourth or fifth ta			
	organization, check this box and stop					1 00 1(0)(0)	X
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2017 (li			column (f))		14	%
	Public support percentage from 2016					15	%
	33 1/3% support test - 2017. If the o					nore, check this bo	k and
	stop here. The organization qualifies a						
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
r	10% -facts-and-circumstances test	-	-				
~	more, and if the organization meets th						2,5 0
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
10	i mate roundation. It the organization	n diù not check d		oa, 100, 17a, 01 17D			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 LIFE FOR THE INNOCENT

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

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

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			1			
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4) 2010	(6) 2014	(0) 2010	(4) 2010	(0) 2017	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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						
10	assets (Explain in Part VI.)						
		the exercited	l first second thi	rd fourth or fifth t		$\frac{1}{2}$	
14	First five years. If the Form 990 is for	-			•		
Ser	check this box and stop here	ic Support Pe	rcentage			<u></u>	
				column (f)		45	
	Public support percentage for 2017 (I					15	
	Public support percentage from 2016					16	
	ction D. Computation of Inves					47	
	Investment income percentage for 20						
	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t			
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Schedule A (Form 990 or 990-EZ) 2017 LIFE FOR THE INNOCENT

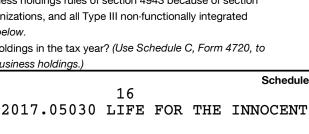
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 disgualified 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.)

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		V.	Na
I		Yes	No
	1		
	2		
	20		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	50		
	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 LIFE FOR THE INNOCENT

Pa	Supporting Organizations (continued)		<u> </u>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			L
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50		
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
73202	5 10-06-17 Schedule A (Form 9		لسر 90-EZ!	2017
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Schedule A (Form 990 or 990 EZ) 2017 LIFE FOR THE INNOCENT

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Ir	come		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital	gain	1		
2 Recoveries of prior-yea	ar distributions	2		
3 Other gross income (s	ee instructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and depl	etion	5		
6 Portion of operating ex	penses paid or incurred for production or			
collection of gross inco	ome or for management, conservation, or			
maintenance of proper	ty held for production of income (see instructions)	6		
7 Other expenses (see in	nstructions)	7		
8 Adjusted Net Income	(subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asse			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market	value of all non-exempt-use assets (see			
instructions for short t	ax year or assets held for part of year):			
a Average monthly value	e of securities	1a		
b Average monthly cash	balances	1b		
c Fair market value of ot	her non-exempt-use assets	1c		
d Total (add lines 1a, 1b	, and 1c)	1d		
e Discount claimed for I	blockage or other			
factors (explain in deta	il in Part VI):			
2 Acquisition indebtedne	ess applicable to non-exempt-use assets	2		
3 Subtract line 2 from lin	e 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-exem	pt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	· · · · · · · · · · · · · · · · · · ·	6		
7 Recoveries of prior-yea	ar distributions	7		
	unt (add line 7 to line 6)	8		
Section C - Distributable A				Current Year
1 Adjusted net income f	or prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amour	t 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		5		
6 Distributable Amount	. Subtract line 5 from line 4, unless subject to			
	reduction (see instructions)	6		
	e current year is the organization's first as a non-functiona	ally integrat	ed Type III supporting or	nanization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		i	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 LIFE FOR THE INNOCENT

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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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2015 AMOUNT: \$ 809.

2016 AMOUNT: \$ 4,895.

	HEDULE D	Complete if the org	al Financial Statements anization answered "Yes" on Form 990,		OMB No. 1545-0047
Departi	nent of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t Attach to Form 990.		Open to Public
-	Revenue Service		90 for instructions and the latest inform		
Namo	e of the organizati	LIFE FOR THE INNOC	ENT	Emt	bloyer identification number 47-4070550
Par	t I Organiza	ations Maintaining Donor Advise		or Accou	
		n answered "Yes" on Form 990, Part IV, lir			,
			(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at e	nd of year			
2	Aggregate value o	f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4		t end of year			
5	-	on inform all donors and donor advisors in	-		
_		on's property, subject to the organization's			Yes No
6	•	on inform all grantees, donors, and donor a	0 0		
		poses and not for the benefit of the donor of		•	
Par	impermissible priv	ate penelit? ation Easements. Complete if the org	vanization answord "Vas" on Form 900 F		
1		servation easements held by the organizat			
•		of land for public use (e.g., recreation or e		prically impor	tant land area
		f natural habitat	Preservation of a certi	, ,	
		n of open space			
2		through 2d if the organization held a quali	ied conservation contribution in the form	of a conserva	ation easement on the last
	day of the tax yea				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
с	Number of conser	vation easements on a certified historic str	ucture included in (a)	2c	
d		vation easements included in (c) acquired			
		nal Register			
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatior	n during the tax
	year ►				
4		where property subject to conservation ea			
5		tion have a written policy regarding the pe			Yes No
6		orcement of the conservation easements i er hours devoted to monitoring, inspecting,			
0		a nours devoted to monitoring, inspecting,	handling of violations, and emorcing cons	Servation eas	sements during the year
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easemer	nts during the year
	► \$				ile daimig the year
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170((h)(4)(B)(i)	
)(4)(B)(ii)?			Yes No
9		be how the organization reports conservat			
	include, if applicat	ble, the text of the footnote to the organiza	tion's financial statements that describes	the organizat	tion's accounting for
	conservation ease				
Par		ations Maintaining Collections o		ther Simil	ar Assets.
		f the organization answered "Yes" on Form			
1 a		elected, as permitted under SFAS 116 (AS			
		s, or other similar assets held for public ex		nce of public	service, provide, in Part XIII,
h		tnote to its financial statements that descr elected, as permitted under SFAS 116 (AS		and balance	shoot works of art historical
D		r similar assets held for public exhibition, e			
	relating to these it		decision, or research in furtherance of put	5110 3CI VIUC,	stande the following amounts
	-	ded on Form 990, Part VIII, line 1			\$
					\$
2	.,	received or held works of art, historical tre			·
	-	unts required to be reported under SFAS 1		5 ,	
а		on Form 990, Part VIII, line 1		►	\$
		ı Form 990, Part X			\$
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2017
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-		R THE INNO						47-40			ge 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	t are a si	gnificant	use of its	collectior	items	5
	(check all that apply):										
а	Public exhibition	C	י 🛄 ו	Loan or exc	hange progra	ams					
b	Scholarly research	e	• 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizati	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?			🗆	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	'Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par			U U							
1a	Is the organization an agent, trustee, custodi	an or other interme	diarv for	contributior	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ <u> </u>			
~			sherring .						Amount		
~	Beginning balance						1c		7 anount		
							· – – – – – – – – – – – – – – – – – – –				
	Additions during the year										
-	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo						• • • • • • • • • • • • • • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete it	-	-		1			<u> </u>			
		(a) Current year	(b) P	rior year	(c) Two year	rs back ((d) Three y	ears back	(e) Four	years l	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1	a. column (a	a)) held as:						
a	Board designated or quasi-endowment		%	9, 00.0	.,,						
	Permanent endowment	%									
	Temporarily restricted endowment	%									
U											
2-	The percentages on lines 2a, 2b, and 2c sho		otion the	t are hold a	and administra	rad for th		ration			
38	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are neid a	ind administe	ered for tr	le organiz	zation	Г	V	N
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization				•				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (invest			t or other (other)	• •	cumulate		(d) Book	value)
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				1,806.		1,2	04.		6()2.
	Add lines 1a through 1e. (Column (d) must e		t X, colun	nn (B). line 1			-			6()2.
		. ,		,	,			Schodule	D /Earm	000)	2017

Schedule D (Form 990) 2017

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	D (Form 990) 2017 LIFE FOR TH	IE INNOCENT			47-4070550	Page
Part VI	Investments - Other Securities.					
	Complete if the organization answered "Yes"					
-	iption of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or	r end-of-year market v	/aiue
	ial derivatives					
	y-held equity interests					
Other						
(A)						
(B) (C)						
(C) (D)						
<u>(D)</u> (E)						
(E) (F)						
(G)						
<u>H)</u>						
	(b) must equal Form 990, Part X, col. (B) line 12.)					
	II Investments - Program Related.					
	Complete if the organization answered "Yes	on Form 990. Part IV.	line 11c. See Form 990	Part X, line 13.		
	(a) Description of investment	(b) Book value			r end-of-year market v	/alue
1)						
(2)						
_, 3)						
4)						
(5)						
6)						
(I)						
(8)						
(7) (8) (9) al. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.)					
(8) (9)						
(8) (9) al. (Col.	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990), Part X, line 15.		
(8) (9) al. (Col.	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, Description	line 11d. See Form 990), Part X, line 15.	(b) Book va	alue
(8) (9) al. (Col. art IX	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990), Part X, line 15.	(b) Book va	alue
(8) (9) al. (Col. art IX	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990), Part X, line 15.	(b) Book va	alue
(8) (9) II. (Col. art IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990), Part X, line 15.	(b) Book va	alue
(8) (9) al. (Col. art IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990), Part X, line 15.	(b) Book va	alue
(1) (2) (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990), Part X, line 15.	(b) Book va	alue
8) 9) I. (Col. Irt IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990), Part X, line 15.	(b) Book va	alue
(1) (2) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990), Part X, line 15.	(b) Book va	alue
8) 9) 1. (Col. art IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990), Part X, line 15.	(b) Book va	alue
8) 9) 1. (Col. art IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990), Part X, line 15.	(b) Book va	
8) 9) 1. (Col. art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Co	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin	Description	line 11d. See Form 990), Part X, line 15.	(b) Book va	alue
8) 9) 1. (Col. art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Co	Other Assets. Complete if the organization answered "Yes" (a)	Description	line 11d. See Form 990), Part X, line 15.	(b) Book va	
(1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Co	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes"	Description	line 11e or 11f. See For			alue
8) 9) 1. (Col. Int IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Co	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	Description				
8) 9) 1. (Col. irt IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Co. irt X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes"	Description	line 11e or 11f. See For			
8) 9) 1. (Col. int IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Co int X (1) Fe	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See For			
8) 9) 1. (Col. int IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Col b) 7) 8) 9) al. (Col 1) 7) 6) 7] 1] 2] 2] 3] 4] 5] 6] 7] 7] 8] 9] 1] 7] 6] 7] 7] 8] 9] 1] 7] 7] 7] 8] 9] 9] 1] 7] 7] 7] 8] 9] 1] 7] 7] 7] 8] 9] 1] 7] 7] 7] 8] 9] 1] 7] 7] 7] 7] 7] 7] 7] 7] 7] 7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See For			
8) 9) 1. (Col. 11 (Col. 11) 2) 3) 4) 5) 6) 7) 8) 9) 9) 9) 1. (Co 1. (Co 1. (Co 1. (Co 2) 3) 1. (Col. 1.	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See For			
(1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (7) (6) (7) (8) (7) (8) (9) (1) Fe (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See For			
(1) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See For			
(1) (2) (1) (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (6) (1) Fe (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See For			
(3) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2) = (2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See For			
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Co art X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See For			

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 LIFE FOR THE INNOCENT			47-4	4070550	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With				U
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,193	,091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)		44,804.			
е	Add lines 2a through 2d			2e		,804.
3	Subtract line 2e from line 1			3	1,148,	,287.
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				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,148,	,287.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Witl	າ Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,131	,850.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses					
d	Other (Describe in Part XIII.)		44,804.			
е	Add lines 2a through 2d			2e		,804.
3	Subtract line 2e from line 1			3	1,087	,046.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	1,087	,046.
Pa	rt XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part 2	XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE U.S. FEDERAL
JURISDICTION AND VARIOUS STATES. WITH FEW EXCEPTIONS, THE ORGANIZATION IS
NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX
EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2015. THE
ORGANIZATION DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX
BENEFITS IN THE NEXT TWELVE MONTHS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

44,804.

	PART	XII,	LINE	2D	-	OTHER	ADJUSTMENTS:	
--	------	------	------	----	---	-------	--------------	--

732054 10-09-17

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 LIFE FOR THE INNOCENT Part XIII Supplemental Information (continued)	47-4070550 Page 5
FUNDRAISING EXPENSES	44,804.
720055 10 00 17	Schedule D (Form 990) 2017
732055 10-09-17 35	

1857___1

SCHEDULE	F
(Form 990)	

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.

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

OMB No. 1545-0047
2017
ZU I /
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

47-4070550

Employer identification number

LIFE FOR THE INNOCE	\mathbf{NT}
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed	d.)
--------------------------------------------------------------------------------------------------------------	-----

• Activities per riegion. (1	ric tollowing r ar		an be duplicated if additional space is i	iccucu.j	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE					
PACIFIC	0	0	GRANTS		809,263.
3 a Sub-total	0	0			809,263.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			809 263.

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

Schedule F (Form 990) 2017

732071 10-06-17

Schedule F (Form 990) 2017 LIFE

LIFE FOR THE INNOCENT

47-4070550

Page 2

Part II 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE	TO FUND THE RESTORATION PROCESS OF CHILDREN FROM HUMAN TRAFFICKING AND	809,263.	WIRE TRANSFERS	0.		
				,				
by the IRS, or for whic	ch the grantee or cou	unsel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lette	ər	-		Schedu	0 1 ule F (Form 990) 2017

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2017	LIFE FOR THE	INNOCENT	I	4'	7-4070550		Page 3
Part III Grants and Other Assista			ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated in	f additional space is need				1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2017

LIFE FOR THE INNOCENT 47-4070550 Page 4 Schedule F (Form 990) 2017 Part IV | Foreign Forms 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) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 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 Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) _____ 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) 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) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes X No

Schedule F (Form 990) 2017

LIFE FOR THE INNOCENT Schedule F (Form 990) 2017

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. See instructions.

PART I, LINE 2:

Part V Supplemental Information

LFTI RECEIVES PHOTOS OF ALL THE CHILDREN GOING THROUGH THE RESTORATION

PROCESS IN EACH HOME ALONG WITH REGULAR UPDATES ON THE PROGRESS OF THE

CHILDREN FROM THE TIME THEY COME INTO THE HOME THROUGH THE TIME THEY GO

HOME WITH THEIR FOREVER FAMILIES. WE GET DETAILED AUDITS FOR HOW THE

MONEY IS SPENT WITH THE ORGANIZATION IN SOUTH ASIA.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO FUND THE RESTORATION PROCESS OF CHILDREN FROM

HUMAN TRAFFICKING AND PLACING THOSE CHILDREN WITH ADOPTIVE FOREVER

FAMILIES.

732075 10-06-17

1857___1

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	vities — or if the	OMB No. 1545-0047						
Name of the organization	LIFE FO	R THE INNOCENT					Employer id $47 - 407$	entification number 0550
		Complete if the organization answ	ered "Y	es" o	n Form 990, Part IV,	line 1		
 a Mail solicitation b Internet and e c Phone solicitation d In-person solicitation 2 a Did the organization key employees lister 	ons email solicitations ations citations n have a written c d in Form 990, P highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	ition of tion of I fundra I (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Ye	
(i) Name and address or entity (fundr		(ii) Activity	(iii) fundr have c or con contrib	trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total		n is registered or licensed to solicit			ar has been potified		avamat from	registration
or licensing.	n the organizatio	n is registered of licensed to solicit	Contric		s of has been notified		exempt from	
LHA For Paperwork Red	duction Act Noti	ce, see the Instructions for Form	990 or	990-1	EZ. S	Sched	dule G (Form	990 or 990-EZ) 2017

732081 09-13-17

Schedule G (Form 990 or 990 EZ) 2017 LIFE FOR THE INNOCENT

47-4070550 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

 (a) Event #1
 (b) Event #2
 (c) Other events
 (d) Total events

		or rundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through					
			LANTERN GALA	col. (c)							
ne			(event type)	(event type)	(total number)						
Revenue	1	Gross receipts	196,000.	38,740.		234,740					
	2	Less: Contributions	151,897.	34,229.		186,126					
	3	Gross income (line 1 minus line 2)	44,103.	4,511.		48,614					
	4	Cash prizes									
s	5	Noncash prizes									
kpense	6	Rent/facility costs	19,934.	5,000.		24,934					
Direct Expenses	7	Food and beverages									
ב	8	Entertainment		3,250.		3,250					
	9	Other direct expenses	10 500	6,022.		16,620					
	10	Direct expense summary. Add lines 4 throug			•	44,804					
ani		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming c							
Hevenue	1	Gross revenue									
ses	2	Cash prizes									
JIrect Expenses	3	Noncash prizes									
5											
Dire	4	Rent/facility costs									
Dire		Rent/facility costs Other direct expenses									
				└── Yes % └── No	Yes% No						
	5	Other direct expenses	└── Yes % └── No		No						
Direc	5 6	Other direct expenses	h 5 in column (d)	□ No	□ No ►						
	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No 1 5 in column (d) 7 from line 1, column (d)	□ No	□ No ►						

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Yes in the organization's gaming licenses revoked, suspended, or terminated during the tax year?

 b If "Yes," explain:
 Image: No

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 LIFE FOR THE INNOCENT 47-	4070	550	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party $ ightarrow \$$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	└── No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9,	9b, 1)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
7320	083 09-13-17 Schedule G (For	m 990	or 990	-EZ) 2017
0	43			,•.•

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rt IV S	orm 990 or 990-EZ) LIFE FOR THE INNOCENT Supplemental Information (continued)	47-4070550 _{Pa}
		Schedule G (Form 990 or 99

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 47-4070550

OMB No. 1545-0047

LIFE FOR THE INNOCENT

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOREVER FAMILY. LFTI'S ROBUST TWO-YEAR FOLLOW-UP PROCESS ENSURES

ONGOING ACCOUNTABILITY FOR PARENTS AND LONG-TERM SUPPORT FOR THE KIDS.

FORM 990, PART VI, SECTION B, LINE 11B:

COPY IS PROVIDED TO BOARD MEMBERS BEFORE FILING

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD INITIALLY DISCUSSED THE SALARY LEVELS FOR EACH POSITION THAT LFTI

WOULD HIRE. COMPARISONS WERE COMPLETED WITH OTHER NON PROFIT ORGANIZATIONS

BOTH LOCALLY AND DOMESTICALLY WHICH BROUGHT IT TO THE CURRENT SALARY

LEVELS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL ORGANIZATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17

45 2017.05030 LIFE FOR THE INNOCENT

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	FURNITURE AND FIXTURES	VARIOUS	SL	.000		16	1,806.				1,806.	602.		602.	1,204.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,806.				1,806.	602.		602.	1,204.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,806.				1,806.	602.		602.	1,204.

728111 04-01-17

(D) - Asset disposed

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