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Department of the Treasury

Internal Revenue Service

ECANNED MAY 0 8 2013

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

The foundation may be able to use a copy of this return to satisfy state reporting requirements

2008

OMB No. 1545-0052

| For | calen | dar year 2008, or tax year beginning | | , 2008, and | enaing | | . , 20 |
|---|--------------|---|--|--------------------|---------------|--|--|
| G | Chec | k all that apply Initial return Final return Amended return | | | | Address change Employer identific | Name change |
| | the l | _ | Name of foundation SPRINGFIELD PREGNANCY CARE CTR INC. | | | | |
| | label. | CININGIALE INEGN | | 04-287517 | | | |
| Otherwise, print Number/street (or P O box no if mail is not delivered to street add) Room/s | | | | | uite B | = | r (see the instructions) |
| O | r type | I TO SHMNED AVE | | | | 413-732-2 | 006 |
| | Spec | | | | C | If exemption application i | s pending, check here |
| Inst | ructio | ons. SPRINGFIELD MA 01 | 108 | V V | | | s, check here |
| Н | Chec | k type of organization X Section 501 | (c)(3) exempt private four | ndation | | Foreign organizations test, check here and | s meeting the 85% attach computation |
| | Section | on 4947(a)(1) nonexempt charitable trust | Other taxable priva | te foundation | E | If private foundation state | ıs was |
| | | | Accounting method | Cash X Accrual | | terminated under section 507(b)(1)(A), check here | |
| | | om Part II, col (c), line 16) | Other (specify) | | F | If the foundation is in a 6 | |
| ▶ \$ | • | 20,224. | (Part I, column (d) must b | e on cash basis) | _ | termination under section 507(b)(1)(B), check here | |
| Pa | | Analysis of Revenue and Expenses | (a) Revenue and | | | - | (d) Disbursements |
| | — (| (The total of amounts in columns (b), | expenses per | (b) Net investment | | (c) Adjusted net | for charitable |
| | | (c), & (d) may not necessarily equal the amounts in column (a) (see instr)) | books | income | | income | purposes (cash basis only) |
| | | Contributions, gifts, grants, etc., received | 28,441. | | | | |
| | 2 | (attach schedule) Check ▶ If the foundation is not | | - [‡] | | | |
| | - | required to attach Sch B | ; · · · | ζ. | آيا يَدُّ | | |
| | 3 | Interest on savings and temp cash investments | - | | _ | , 1. TANKER | |
| | ر ا | Dividends and interest from securities | | 371. | | | |
| | " | Gross rents | - | 571. | + | | |
| | | (Net rental | | • | | N. 1 | Positive of the second |
| | | income or (loss) | | 1 1 | | | |
| ne | 6a | Net gain/(loss) from sale of assets not on line 10 Gross sales pince for | | | | | |
| Revenue | b | all assets on line 6a | } | | -, | | |
| Re | 7 | Capital gain net income (from Part IV, line 2) | . 1 | | | | |
| | 8 | Net short-term capital gain | | | | | |
| | 9 | Income modifications Gross sales less | | > 1 | | 3 4 4 A | |
| | 10a | rtns & allowances Less Cost of | | | 4 | | |
| | b | goods sold | | v | | | |
| | Į. | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | 00 447 | | | | |
| | 12 | Total. Add lines 1 through 11 Compensation of officers. | 28,441. | 371. | + | - | THE REAL PROPERTY OF THE PERSON OF THE PERSO |
| | 13 | directors, trustees, etc | | | | - | |
| | 14 | Other employee salaries and wages | | | | _ | |
| S | 15 | Pension plans, employee benefits . | | | | - | ļ |
| cbeuses | | Legal fees (attach schedule) | | | + | _ | |
| χ̈ | | Accounting fees (attach schedule) | | | | - | |
| 70 E | C | Other professional fees (attach schedule) | | | + | _ | |
| ati∖ | 17 | Interest | | | | _ | |
| Operating and Administrative Ex | 18 | Taxes (attach schedule) (see instructions) | | | | _ | COLUMN PORTUGA AND AND AND AND AND AND AND AND AND AN |
| 듣 | 19 | Depreciation (attach sch.) and depletion | 23. | | | | 上 位。在4000年 |
| Adı | 20 | Occupancy | | | | | ļ |
| 5 | 21 | Travel, conferences, and meetings . | 948. | | | | |
| g D | 22 | Printing and publications | | | | | |
| 랿 | 23 | Other expenses (attach schedule) | 32,504. | | | | |
| 30 17 | 24 | Total operating and administrative | | | | | |
| ō | | expenses Add lines 13 through 23 | 33,475. | | | | |
| | 25 | Contributions, gifts, grants paid | 50. | | | 一点機 | |
| | 26 | Total exp & disbursements Add lines 24 and 25 | 33,525. | | | | |
| | 27 | Subtract line 26 from line 12 | | | | 2次20 | |
| | а | Excess of revenue over expenses and disbursements | (5,084.) | | | TO STANK SE | |
| | ь | Net investment income (if neg , enter -0-) | | 371. | | 15 16 10 | |
| | li . | Adjusted net income (if neg , enter -0-) | , | | | | "好"就是这种 |
| For | | ev Act and Panerwork Reduction Act No | tico coo the instruction | | | | Form 990-DE (2008) |

| Part IV Capital Gains | and l | osses for Tax on Inves | tment Income | | | |
|--|--|--|---|-------------------------------|-------------------------|-----------------------|
| (a) List and describe | the kin | d(s) of property sold (e g , real | estate, | (b) How acquired P - Purchase | (c) Date acquired | (d) Date sold |
| 2-story brick wareho | use, o | r common stock, 200 shs MLC | C Co) | D - Donation | (mo , day, yr) | (mo , day, yr.) |
| · | | | | - | | |
|) | | • | | | | |
| | | | | | | |
| <u> </u> | | | | | | |
| e | | · | · | | | |
| | T | (A Depression allowed | (g) Cost or | other basis | (h) Gair | or (loss) |
| (e) Gross sales price | | (f) Depreciation allowed (or allowable) | 1 (0, | nse of sale | , , | f) minus (g) |
| | | (or allowable) | pius expei | ilse oi sale | (e) pius (| i) milius (g) |
| <u>a</u> | + | | | | | |
| b | | | | | | |
| <u>c</u> | | | | | | |
| d | ļ | | | | | |
| θ | | | | | _ | |
| Complete only for assets sh | owing (| gain in column (h) and owned | by the foundation o | n 12/31/69 | (i) Gains (Col | . (h) gaın mınus |
| (i) F.M.V as of 12/31/69 | | (j) Adjusted basis | (k) Exces | s of col (I) | col (k), but not l | ess than -0-) or |
| (I) F.M.V as 01 12/31/09 | | as of 12/31/69 | over col | (j), if any | Losses (f | rom col (h)) |
| a | | | | | | |
| b | | | | | | |
| C | 1 | | | | | |
| d | | | | | | |
| е | 1 | | | | | |
| | 1 | | | | - | |
| Capital gain net income or (| net cap | | also enter in Part I, I enter -0- in Part I, I | | 1 2 | |
| Al-4 - 5 - 4 A A-1 | | — ' ' | | "le / | - | |
| | |) as defined in sections 1222(| | _ | | |
| • | | olumn (c) (see the instructions | 5) | > . | | |
| If (loss), enter -0- in Part I, I | | | | | 3 | |
| Part V Qualification or optional use by domestic p | | r Section 4940(e) for Re | | | | |
| "Yes," the foundation does no | e section | on 4942 tax on the distributable under section 4940(e) Do no | ot complete this par | t | | Yes [] |
| Enter the appropriate amou | nt in ea | ich column for each year, see | the instructions bef | ore making any er | ntries | |
| (a) Base period years | | (b) | | Net value of | Dist | (d) ribution ratio |
| Calendar year (or tax year be | g in) | Adjusted qualifying distribut | nonch | aritable-use assets | s (col. (b) d | vided by col (c)) |
| 2007 | | | | | | |
| 2006 | | | | | | |
| 2005 | | | | | | |
| 2004 | | | | | | |
| 2003 | | | | | | |
| | | | | | | |
| Total of line 1, column (d) | | | | | 2 | |
| | r tha E | veer hase period divide the t | otal on line 2 by 5 | or by the number | - | |
| - | | year base period - divide the t | | | 3 | |
| or years the foundation has | been II | n existence if less than 5 years | • . | | 3 | |
| | | = | | | | |
| Enter the net value of noncl | narıtabl | e-use assets for 2008 from Pa | art X, line 5 | | . 4 | |
| | | | | | | |
| Multiply line 4 by line 3 | | | | | . 5 | |
| | | | | | | |
| Enter 1% of net investment | income | e (1% of Part I, line 27b) | | | 6 | |
| | | • | | | | |
| Add lines 5 and 6 | | | | _ | 7 | |
| , iga iirica o aria o | • | | • | | | |
| Enter qualifiana distabilitica | e from | Part YII line 4 | | | 8 | |
| Enter qualifying distribution | | | Llung 1h and sees | late that and | | he Bart VI |
| · | ı ınan | line 7, check the box in Part V | i, ime ib, and comp | nete that part using | y a 170 tax rate. See t | ne Fait VI |
| instructions | | | | | | |

Form 990-PF (2008)

names and addresses

Rev 1

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

| Form | 990-PF (2008) SPRINGFIELD PREGNANCY CARE CTR INC. 04-2875 | 170 | Page 5 |
|------|---|--------------|---------------|
| | t VII-A Statements Regarding Activities (continued) | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity | | |
| | within the meaning of section 512(b)(13)? | | |
| | If "Yes," attach schedule (see instructions) | . 11 | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract | | |
| | before August 17, 2008? | . 12 | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | . 13 | X |
| | Website address ▶ | | |
| 14 | The books are in care of \blacktriangleright ELIZABETH MARTIN Telephone no. \blacktriangleright 41 | <u>3-732</u> | <u>2-2006</u> |
| | Located at ► 63 CANDLEWOOD ST MA AGAWAM ZIP+4 ► 01001- | | |
| 15 | 3 | | ▶ _ |
| | and enter the amount of tax-exempt interest received or accrued during the year | | |
| Pari | VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes No |
| 1a | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | ţ. | 1 |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | į. |
| | a disqualified person? | | a |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No | : | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No | | 1 |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No | | ij |
| | for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? Exception. Check "No" | | j |
| | If the foundation agreed to make a grant to or to employ the official for a period | | li |
| | after termination of government service, if terminating within 90 days) | 1 | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in | | |
| _ | Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? | 1b | |
| | Organizations relying on a current notice regarding disaster assistance check here . | | i |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | |
| | that were not corrected before the first day of the tax year beginning in 2008? | . 1c | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | i i |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | į. | |
| а | At the end of tax year 2008, did the foundation have any undistributed income (lines 6d | | ļļ Š |
| | and 6e, Part XIII) for tax year(s) beginning before 2008? | | j |
| | If "Yes," list the years ► 20, 20, 20 | | 1 |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | .!! ! |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) | | |
| | to all years listed, answer "No" and attach statement - see the instructions) | 2b | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20 | i. | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business | | 0 |
| | enterprise at any time during the year? | 1 | |
| b | If "Yes," did it have excess business holdings in 2008 as a result o(1) any purchase by the foundation | | |
| | or disqualified persons after May 26, 1969,(2) the lapse of the 5-year period (or longer period approved | | ; |
| | by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, of3) | | |
| | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine | | |
| | ıf the foundation had excess business holdings in 2008) | 3b | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable | | |
| | purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? | . 4b | X |

Form 990-PF (2008)

| Form 9 | 990-PF (2008) SPRINGFIELD PRE | GNANCY CARE | CTR INC. | 04-287 | 5170 Page 6 |
|-------------|---|------------------------------------|-----------------------------|---|--------------------------------------|
| Part ' | VII-B Statements Regarding Activi | ties for Which For | m 4720 May Be Req | uired (continued) | |
| 5a [| During the year did the foundation pay or incur | any amount to | | | |
| (| 1) Carry on propaganda, or otherwise attempt | to influence legislation | (section 4945(e))? | Yes X N | • |
| (| 2) Influence the outcome of any specific public | c election (see section | 4955), or to carry | | |
| | on, directly or indirectly, any voter registration | on drive? | | Yes 🛛 N | 。 |
| (| 3) Provide a grant to an individual for travel, s | tudy, or other similar pu | ırposes? | . Yes X N | • |
| (| 4) Provide a grant to an organization other that | n a charitable, etc , org | janization described | | 1 |
| • | in section 509(a)(1), (2), or (3), or section 4 | _ | | Yes 🛛 N | |
| (| 5) Provide for any purpose other than religious | s, charitable, scientific, | literary, or | | |
| | educational purposes, or for the prevention | of cruelty to children o | r anımals? | Yes X N | 0 |
| b I | f any answer is "Yes" to 5a(1)-(5), didany of the | e transactions fail to qu | alify under the exceptions | described in | |
| | Regulations section 53 4945 or in a current not | | | | 5b |
| | Organizations relying on a current notice regard | | | ▶ 🗍 | |
| | f the answer is "Yes" to question 5a(4), does the | • | | | |
| | ax because it maintained expenditure responsi | | • | . Yes N | o |
| 1 | f "Yes," attach the statement required by Regu | lations section 53 4945 | -5(d) | | |
| | Did the foundation, during the year, receive any | | • • | | |
| | premiums on a personal benefit contract? | • | | Yes 🛛 N | o |
| | Did the foundation, during the year, pay premiu | ms, directly or indirectly | v. on a personal benefit co | | . 6b X |
| | f you answered "Yes" to 6b, also file Form 887 | = | ,, , | | |
| 7a / | At any time during the tax year, was the founda | tion a party to a prohibi | ted tax shelter transaction | ? 🗌 Yes 🛛 N | o |
| | f yes, did the foundation receive any proceeds | • • • | | | . 7b |
| Part | | | | | mployees, |
| | and Contractors | , | -, | 3,3, | |
| 1 Lis | st all officers, directors, trustees, foundation | managers and their co | empensation (see the inst | tructions). | |
| | /-> Name and address | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Expense account, |
| | (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred comp | other allowances |
| W | ILLIAM HADDEN | PRESIDENT | | | |
| 3 | 02 ABBOTT ST 01118 | 8 | 0 | | |
| E | LIZABETH M MARTIN | VICE PRES | | | |
| 6 | 3 CANDLEWOOD ST | 8 | 0 | | |
| L | INDA RUGGIERA | TRASURER | | | |
| 6 | ANNIES WAY 01089 | 8 | 0 | | |
| V | IVIEN LINDWALL | SECRETARY | | | |
| 6 | 25 SOMERS RD 01028 | 8 | 0 | | |
| 2 Cc | ompensation of five highest-paid employees | other than those inclu | ded on line 1 - see the in | structions). | |
| If | none, enter ``NONE " | | | | |
| <i>(-</i>) | Name and address of a sak assulation and | (b) Title, and average | | (d) Contributions to | (-) 5 |
| (a) | Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | (e) Expense account other allowances |
| | | devoted to position | | compensation | other anowarious |
| N | ONE | | | | |
| | | | | | |
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| | |] | | | |
| | | | | | <u> </u> |
| | | | | | |
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| | | | | | |
| | | <u></u> | | | |
| Total | number of other employees paid over \$50,000 | | · | | • |
| | | | | | Form 990-PF (2008) |

| Form 990-PF (2008) SPRINGFIELD PREGNANCY CARE CTR I | NC. 04-28 | 75170 Page 7 |
|--|---------------------------------------|---|
| Part VIII Information About Officers, Directors, Trustees, Founda | tion Managers, Highly Paid E | mployees, |
| and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services (see the inst | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | . • |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include | relevant statistical info such | Expenses |
| as the number of organizations and other beneficiaries served, conferences convened | , research papers produced, etc | 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 1 | | |
| | | |
| | | |
| 2 | | |
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| 3 | | |
| <u> </u> | | |
| | - | |
| 4 | | |
| | | |
| | | |
| | structions) | |
| Describe the two largest program-related investments made by the foundation during | the tax year on lines 1 and 2 | Amount |
| 1 NONE | | - |
| | | - |
| 2 | | |
| | | 1 |
| | | <u> </u> |
| All other program-related investments. See instructions | | |
| 3 | | |
| | |] |
| | | |
| Total Add lines 1 through 3 | . | |

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| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities b Average of monthly cash balances c Fair market value of all other assets (see the instructions) d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c |
|--|
| b Average of monthly cash balances c Fair market value of all other assets (see the instructions) d Total (add lines 1a, b, and c) 1b 13,014. 1c 1d 24,207. |
| b Average of monthly cash balances c Fair market value of all other assets (see the instructions) d Total (add lines 1a, b, and c) 1b 13,014. 1c 1d 24,207. |
| d Total (add lines 1a, b, and c) |
| |
| a Paduction claimed for blockage or other factors reported on lines 1a and 1c |
| 4 Reduction claimed for procease of other factors reported on lines 14 and 10 |
| (attach detailed explanation) |
| 2 Acquisition indebtedness applicable to line 1 assets |
| 3 Subtract line 2 from line 1d |
| 4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, |
| see the instructions) |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 . 5 23,844. |
| 6 Minimum investment return. Enter 5% of line 5 |
| Part XI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations |
| and certain foreign organizations check here ▶ and do not complete this part) |
| 1 Minimum investment return from Part X, line 6 |
| 2 a Tax on investment income for 2008 from Part VI, line 5 2a 4 - |
| b Income tax for 2008 (This does not include the tax from Part VI)2b |
| c Add lines 2a and 2b |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 |
| 4 Recoveries of amounts treated as qualifying distributions 4 |
| 5 Add lines 3 and 4 |
| 6 Deduction from distributable amount (see the instructions) |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 . 7 1, 188. |
| Part XII Qualifying Distributions (see the instructions) |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes |
| a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26 |
| b Program-related investments-total from Part IX-B |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes |
| 3 Amounts set aside for specific charitable projects that satisfy the |
| a Suitability test (prior IRS approval required) |
| b Cash distribution test (attach the required schedule) |
| 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income |
| Enter 1% of Part I, line 27b (see the instructions) |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years |

Form 990-PF (2008)

| 1 Distributable amount for 2008 from Part XI, Corpus Years prior to 2007 2007 | (d) 2008 |
|---|--|
| line 7 | 1,188. |
| 2 Undistributed income, if any, as of the end of 2007 | المروية المراجع المراجع |
| a Enter amount for 2007 only | "传说""就是" |
| b Total for prior yrs 20 , 20 , 20 | We do not have |
| 3 Excess distribs carryover, if any, to 2008 | The state of the s |
| a From 2003 | |
| b From 2004 | |
| c From 2005 | |
| d From 2006 | 10.7 |
| e From 2007 | |
| f Total of lines 3a through e | |
| | Brancy Johnson |
| 4 Qualifying distributions for 2008 from Part XII, line 4 ▶\$ | |
| a Applied to 2007, but not more than line 2a | الله الآن الله الله الله الله الله الله الله الل |
| b Applied to undistributed income of prior | T. N. St. W. A. |
| years (Election required - see the instr.) | المرابع المناه المهاجرات |
| | |
| c Treated as distributions out of corpus | |
| (Election required - see the instructions) | |
| d Applied to 2008 distributable amount | |
| Remaining amt distributed out of corpus | ي الم |
| 5 Excess distribs carryover applied to 2008 | |
| (If an amount appears in column (d), the | - |
| same amount must be shown in col (a)) | ابح ياسا |
| 6 Enter the net total of each column as | |
| indicated below: | |
| a Corpus Add lines 3f, 4c, & 4e Subtract line 5 | ' - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |
| b Prior years' undistributed income Subtract | |
| line 4b from line 2b | *** |
| c Enter the amount of prior years' undistributed | The state of the s |
| income for which a notice of deficiency | |
| has been issued, or on which the section | () |
| 4942(a) tax has been previously assessed | , |
| d Subtract line 6c from line 6b Taxable | |
| amount - see the instructions | |
| e Undistributed income for 2007 Subtract | , 1 to 1 to 1 |
| line 4a from line 2a Taxable amount - | . • |
| see the instructions | |
| f Undistributed income for 2008 Subtract | |
| lines 4d and 5 from line 1. This amount | |
| must be distributed in 2009 | 1,188. |
| 7 Amounts treated as distributions out of | |
| corpus to satisfy requirements imposed by | State 1 |
| section 170(b)(1)(F) or 4942(g)(3) (see the | |
| instructions) | |
| 8 Excess distributions carryover from 2003 | 12 (12)* |
| not applied on line 5 or line 7 (see the | 16.75 |
| instructions) | |
| 9 Excess distributions carryover to 2009. | |
| Subtract lines 7 and 8 from line 6a | |
| 10 Analysis of line 9 | 5.5 |
| a Excess from 2004 | 1.77 |
| b Excess from 2005 | |
| c Excess from 2006 | ***, ********************************* |
| d Excess from 2007 | , |
| e Excess from 2008 | • |

| For | m 990-PF (2008) SPRINGFIELD | PREGNANCY | CARE CTR I | NC. | 04-2875 | 170 Page 10 |
|-----|---|-----------------------|--------------------------|--------------------------|---|------------------|
| Pa | art XIV Private Operating Founda | tions (see the | nstructions and Part | VII-A, question 9) | | |
| 1a | If the foundation has received a ruling or de | termination letter th | at it is a private opera | ating | | |
| | foundation, and the ruling is effective for 20 | 08, enter the date o | f the ruling | ▶ | | |
| þ | Check box to indicate whether the foundation | on is a private opera | iting foundation desc | ribed in section | 4942(J)(| 3) or 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| | income from Part I or the minimum investment return from Part X for | (a) 2008 | (b) 2007 | (c) 2006 | (d) 2005 | (e) Total |
| | each year listed | | | | | |
| b | 85% of line 2a . | | ., ., ., . | | • | |
| C | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities | | | | | |
| | Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative | | | | | |
| | test relied upon | | | | | |
| а | "Assets" alternative test - enter | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying | | | | | |
| | under section 4942(j)(3)(B)(i) | | | | · | |
| þ | "Endowment" alternative test - enter | | | | | |
| | 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| С | "Support" alternative test - enter. | | | | | |
| | (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments | | | | | |
| | on securities loans (section 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public and 5 | | | | | |
| | or more exempt organizations as | | | | | |
| | provided in section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support | | | | - | |
| | from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| P | art XV Supplementary Information | on (Complete th | is part only if th | e foundation had | \$5,000 or more | in |
| | assets at any time during | | | | | |
| 1 | Information Regarding Foundation Manag | jers: | | | | |
| а | List any managers of the foundation who ha | ave contributed mor | e than 2% of the tota | I contributions receive | ed by the foundation | before the close |
| | of any tax year (but only if they have contrib | outed more than \$5, | 000) (See section 50 |)7(d)(2)) | | |
| | | | | | | |
| b | List any managers of the foundation who of | wn 10% or more of t | he stock of a corpora | ation (or an equally la | rge portion of the ow | nership of a |
| | partnership or other entity) of which the fou | ndation has a 10% | or greater interest | | | |
| | | | | | | |
| 2 | Information Regarding Contribution, Gran | nt, Gift, Loan, Scho | larship, etc., Progra | ms: | | |
| | | | • | ritable organizations | | |
| | requests for funds If the foundation makes | gifts, grants, etc (s | ee the instructions) to | o individuals or organ | izations under other | conditions, |
| | complete items 2a, b, c, and d | | | | | |
| а | The name, address, and telephone numbe | r of the person to wh | nom applications sho | uld be addressed. | | |
| | | | | | | |
| | | | | | | |
| þ | The form in which applications should be s | ubmitted and inform | ation and materials t | hey should include | | |
| | | | | | | |
| | | | | | | |
| С | Any submission deadlines | | | | | |
| | | | | | | |
| | | <u>.</u> | | | | |
| d | Any restrictions or limitations on awards, su | ıch as by geographı | cal areas, charitable | tields, kinds of institu | tions, or other factor | 5 |
| _ | | | | | | nm 000 BE (2008) |

Page 11

| 3 Grants and Contributions Paid Duri | ng the Year or Ann | roved for F | Future Payment | |
|--------------------------------------|--|----------------------|---------------------|-------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or | Amount |
| Name and address (home or business) | or substantial contributor | recipient | contribution | |
| a Paid during the year | or substantial contributor | recipient | | |
| | | | | |
| Total | · · · · · · · · · · · · · · · · · · · | ··· ₁ | ▶ 3a | |
| b Approved for future payment Total | | | | |

| gross a | imounts unless otherwise indicated | Unrelate | ed business income | Excluded | by section 512, 513, or 514 | (e) |
|----------------------------------|--|-------------------------|---|---------------------|---------------------------------|--|
| Progra | m service revenue | (a) Business code | (b) Amount | (c) Excl code | (d) Amount | Related or exen function incom (See the instructions) |
| • | | 3000 | | 1000 | | |
| | | | - | | | |
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| ees a | nd contracts from government agencies | | | | | |
| Viembe | ership dues and assessments . | | | | | |
| nterest o | n savings and temporary cash investments | | | | | |
| Divider | nds and interest from securities | | | | | A STATE OF THE STA |
| Net rer | ntal income or (loss) from real estate | | , , , , , , , , , , , , , , , , , , , | | | A 400 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Debt-fii | nanced property . | | | | | |
| Not del | bt-financed property | | | | | |
| Net rer | ntal inc or (loss) from personal property | | | | | |
| Other | nvestment income | | • | ļ | | |
| Gain or (l | oss) from sales of assets other than inventory | | | | | |
| Net inc | come or (loss) from special events . | | | | | |
| | profit or (loss) from sales of inventory | | | | | <u> </u> |
| Other r | evenue a | | | | | ļ |
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| | | | | m and the bill | | |
| Subtota | al Add columns (b), (d), and (e) | | | 18 19 19 19 | | |
| Subtota | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | | 13 | |
| Subtota Total. / | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculati | ons) | | • | 13 | |
| Subtota Total. / vorkshe | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculate Relationship of Activities to | ons) | plishment of Exe | mpt Pur | rposes | |
| Subtota Total. / vorkshe XVI- | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculati | ons) the Accom | nplishment of Exe reported in column (e) | mpt Pur | rposes VI-A contributed importa | ntly to the |
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Form 990-PF (2008) SPRINGFIELD PREGNANCY CARE CTR INC. 04-2875170 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Vos No

| 1 | | organization directly or | | • | • | _ | | | 11071 KAN | AKEN LAVO | PERM |
|-----------|--------------------------------|---|-------------------------|---------------------------------------|--|------------------|--------------------|-----------------|-------------------|--------------|----------|
| | | of the Code (other than | | | | | political org | anizations? | | | |
| а | Transfe | ers from the reporting for | undation to a nor | ncharitable exempt of | ganization o | of. | | | 153 | | |
| | (1) C | Cash . | • | • | | | | | 1 | a(1) | <u> </u> |
| | (2) C | Other assets | • | | | | | | | a(2) | X |
| þ | Other to | ransactions | | | | | | | | | |
| | (1) S | Sales of assets to a none | charitable exemp | t organization | | | | | . <u> 1</u> | b(1) | <u> </u> |
| | (2) P | orchases of assets from | n a noncharitable | e exempt organization | ١. | | | | <u> 1</u> | b(2) | X |
| | (3) F | Rental of facilities, equip | ment, or other as | sets | | | | | <u>1</u> | b(3) | X |
| | (4) F | Reimbursement arrange | ments . | | | | | | . 1 | b(4) | X |
| | (5) L | oans or loan guarantee | s . | | | | | | 1 | b(5) | X |
| | | Performance of services | | or fundraising solicita | tions | | | | [1 | b(6) | X |
| С | | of facilities, equipment | | | | | | | | 1c | Х |
| | _ | nswer to any of the abov | | | | ımr(b) shou | ld always sh | ow the fair r | market value | of the | |
| _ | | other assets, or service | | | | | | | | | |
| | - | ing arrangement, show | | | | | | a.,a., | | | |
| | Or Silai | ing arrangement, snow | in columna inc | value of the goods, c | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 01 001 11000 | 10001100 | | | | |
| (2) | Line no | (b) Amount involved | (c) Name of por | ncharitable exempt or | canization | (d) Desc. d | f transfers | transactions | , and sharing | arrangen | nents |
| 797 | Lille 110 | (b) Amount involved | (c) Name of hor | icriantable exempt of | gamzanon | (u) Desc (| n transfers, | ti arisactions | Lana shann | g arrangen | icitis |
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| | | | • | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 2a | Is the | foundation directly or i | ndirectly affiliated | d with, or related to, o | ne or more | tax-exempt | organizatio | ns described | l in | | |
| | | on 501(c) of the Code (c | • | | | | | | | Yes | No X |
| b | | es," complete the following | | | | | | | ' | _ ' | _ |
| _ | : | (a) Name of organizat | | (b) Type of | organizatio | n | | (c) Descript | ion of relatio | nship | |
| | | \-/ · · · · · · · · · · · · · · · · · · · | 7,511 | 1.7 | | | | 1-7 | | · · · | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | Linder n | enalties of penury, I declare that | t I have examined this | return, including accompany | no schedules ar | nd statements | and to the best of | of my knowledge | and belief, it is | | |
| | true, cor | rrect and complete Declaration | of preparer (other than | taxpayer or fiduciary) is bas | sed on all inform | ation of which p | reparer has any | knowledge | una bollor, it is | | |
| | 1. | 81 1 | 101 · - | | | lo = / 1 | /0010 | <u>. [/</u> . | Λ . | H | |
| | | Mystew M | . Martin | | | 05/14 | /2012 | YILL | resident | / Ircasu | res |
| a | 1 810 | nature of officer or trus | tee | - N | 12 | Date | 1 | Title | I | | |
| Sign Here | | | \bigcirc | $\sim 1/1$ | Date | | Check if | _ | | SSN or P | |
| I | | | 7/1/2/ | (DI/ | | | self-empl | oyed ▶∐ | | ature in the | 3 |
| ī | Paid Preparer's Use Only | Preparer's | 21 10 1 | TNIL | | | | | Instruction | • | |
| S | Paid epar | signature | whit C | 400 - | | 4/201 | 2 | | P1952 | | |
| | _ = 5 S | Firm's name (or you | rs 、GABRI | EL ACCOUNT | ING SE | RVICE | | EIN ► 0 | 4-2955 | 997 | |

if self-employed), address, and ZIP code

GABRIEL ACCOUNTING SERVICE

264 NORTH MAIN ST SUITE 2A

EAST LONGMED DOWN GABRIEL ACCOUNTING SERVICE

Phone no 413-525-0011

Form 990-PF (2008)

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

2008 Attachment

OMB No 1545-0172

| Internal Revenue Service (99) | ► See se | parate instructions. | Attach to ye | our tax return. | | Sequence No. 67 |
|--|--|--|---------------------------------------|---------------------------------------|----------------|---|
| Name(s) shown on return | | Business or a | activity to which th | us form relates | | Identifying number |
| SPRINGFIELD PREGNA | ANCY CARE | CTRFORM 99 | O PF | | | 04-2875170 |
| Part I Election To Expense | Certain Property | Under Section 179 | | | | |
| Note: If you have an | y listed property, co | mplete Part V before | you complete Par | t 1 | | |
| 1 Maximum amount See the ins | tructions for a highe | er limit for certain busii | nesses . | | | 1 250,000. |
| 2 Total cost of section 179 proper | ty placed in service | (see instructions) | | | | 2 |
| 3 Threshold cost of section 179 p | roperty before redu | ction in limitation (see | instructions) | | | 3 800,000. |
| 4 Reduction in limitation Subtract | t line 3 from line 2 | If zero or less, enter | -0 | | | 4 |
| 5 Dollar limitation for tax year Su | ıbtract line 4 from li | ne 1 If zero or less, e | enter -0- If marrie | d | | |
| filing separately, see instruction | s | · | | <u> </u> | | 5 |
| (a) Description of pro | operty | (b) Cost (bus | siness use only) | (c) Elec | ted cost | |
| 6 | | | | | | |
| | | | | | | |
| 7 Listed property Enter the amount | unt from line 29 | | | 7 | | |
| 8 Total elected cost of section 17 | 9 property Add am | iounts in column (c), li | nes 6 and 7 | | _ | 8 |
| 9 Tentative deduction Enter the | smaller of line 5 or l | line 8 | | | · · _ | 9 |
| 10 Carryover of disallowed deduction | on from line 13 of y | our 2007 Form 4562 | | | . 1 | 10 |
| 11 Business income limitation En | | • | • | ne 5 (see instr | uctions) 1 | <u> 1 </u> |
| 12 Section 179 expense deduction | Add lines 9 and 1 | 0, but do not enter mo | _ | - | [1 | 12 |
| 13 Carryover of disallowed deduct | on to 2009 Add lin | es 9 and 10, less line | 12 • 1 | 13 | | A PROPERTY OF THE PARTY OF THE |
| Note: Do not use Part II or Part III t | elow for listed prop | erty Instead, use Pa | rt V | | | |
| | | ther Depreciation (Do | | · · · · · · · · · · · · · · · · · · · | e instruction: | \$) |
| 14 Special depreciation allowance | for qualified proper | ty (other than listed pr | operty) placed in | service | | |
| during the tax year (see instruct | • | | | • | . [1 | 14 |
| 15 Property subject to section 168 | | | | | <u> </u> | 15 |
| 16 Other depreciation (including A | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | • | | 16 |
| Part III MACRS Depreciation | (Do not include lis | sted property) (See ins | structions) | | | |
| | | Section | | | | |
| 17 MACRS deductions for assets p | | | | •• | 1 | 23. |
| 18 If you are electing to group any | • | - | ear | | | |
| into one or more general asset | | | · · · · · | | 23 | A THE PERSON NAMED IN COLUMN |
| Section B-Ass | | vice During 2008 Tax | | eneral Depred | iation Syste | |
| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | _j | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | _' | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | ! | | 25 yrs | | S/L | |
| h Residential rental | | | 27.5 yrs | MM | S/L | |
| property | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real | | | 39 yrs | MM | S/L | |
| property | | | | MM | S/L | |
| Section C-Asse | ets Placed in Service | ce During 2008 Tax Y | ear Using the Alt | ernative Depre | ciation Sys | tem |
| 20a Class life | _' | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |
| Part IV Summary (See Instru | ictions) | | | | | |
| 21 Listed property Enter amour | it from line 28 | | | | . 2 | 21 |

22

23

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

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

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions

22

23.

23

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number

04-2875170 SPRINGFIELD PREGNANCY CARE CTR INC. Organization type (check one) Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trustnot treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) Schedule B (Form 990, 990-EZ, or 990-PF) (2008) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

These instructions will be issued separately.

| Description VERTISING ABILITY INSURANCE NT PAIRS AND MAINTENANCE GAL AND PROFESSIONAL FEES PPLIES STAGE LEPHONE ECTRICITY ATING CENSE AND PERMITS UCATIONAL TAPES AND ITEMS PRECIATION GIFTS | Expenses per books 7,122. 832. 15,000. 120. 590. 1,625. 148. 1,385. 2,699. 1,447. 35. 1,001. 500. 32,504. | Net investment income | Adjusted net income | Charitable purposes |
|--|--|-----------------------|---------------------|---------------------|
| VERTISING ABILITY INSURANCE NT PAIRS AND MAINTENANCE GAL AND PROFESSIONAL FEES PPLIES STAGE LEPHONE ECTRICITY ATING CENSE AND PERMITS UCATIONAL TAPES AND ITEMS | 7,122. 832. 15,000. 120. 590. 1,625. 148. 1,385. 2,699. 1,447. 35. 1,001. 500. | | | |
| ABILITY INSURANCE NT PAIRS AND MAINTENANCE GAL AND PROFESSIONAL FEES PPLIES STAGE LEPHONE ECTRICITY ATING CENSE AND PERMITS UCATIONAL TAPES AND ITEMS | 832. 15,000. 120. 590. 1,625. 148. 1,385. 2,699. 1,447. 35. 1,001. 500. | | | |
| NT PAIRS AND MAINTENANCE GAL AND PROFESSIONAL FEES PPLIES STAGE LEPHONE ECTRICITY ATING CENSE AND PERMITS UCATIONAL TAPES AND ITEMS | 15,000. 120. 590. 1,625. 148. 1,385. 2,699. 1,447. 35. 1,001. 500. | | | |
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| GAL AND PROFESSIONAL FEES PPLIES STAGE LEPHONE ECTRICITY ATING CENSE AND PERMITS UCATIONAL TAPES AND ITEMS | 590. 1,625. 148. 1,385. 2,699. 1,447. 35. 1,001. 500. | | | |
| PPLIES STAGE LEPHONE ECTRICITY ATING CENSE AND PERMITS UCATIONAL TAPES AND ITEMS | 1,625. 148. 1,385. 2,699. 1,447. 35. 1,001. 500. | | | |
| STAGE LEPHONE ECTRICITY ATING CENSE AND PERMITS UCATIONAL TAPES AND ITEMS | 148. 1,385. 2,699. 1,447. 35. 1,001. 500. | | | |
| ECTRICITY ATING CENSE AND PERMITS UCATIONAL TAPES AND ITEMS | 2,699. 1,447. 35. 1,001. 500. | | | |
| ATING CENSE AND PERMITS UCATIONAL TAPES AND ITEMS | 2,699. 1,447. 35. 1,001. 500. | | | |
| CENSE AND PERMITS UCATIONAL TAPES AND ITEMS | 1,447. 35. 1,001. 500. | | | |
| UCATIONAL TAPES AND ITEMS | 1,001. 500. | | | |
| | 500. | | | |
| PRECIATION GIFTS | | | | |
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| Date Description Acqd | Cost | Bus. Use | Bus. 179+ Use Spec. | Basıs | Method | Rec. Per. Cv | Prior Depr. | Current Depr. | Next | Prior AMT | Current AMT | Gaın/ Price | Sales Price | Date Sold |
| | | ! ! | | | | | | | | | | | | |
| Form: form 990 PF | | | | | | | | | | | | | | |
| Rental Property: N/A | N/A | | | | | | | | | | | | | |
| Depreciation Class: N/A | A/N :ssr | | | | | | | | | | | | | |
| In Service Year: 1998 | 1998 | | | | | | | | | | | | | |
| Leasehold Im 07/98 | 3 3145 | 100 | | 3145 SL | $_{ m ST}$ | 10.0 HY | 3145 | | | 1678 | 210 | | | |
| In Service Year: | 1999 | | | | | | | | | | | | | |
| Leasehold Im 07/99 | | 1488 100 | | 1488 SL | SI | 5.0 HY | 1488 | | | 1341 | | | | |
| Equipment 07/99 | 9 2620 | 100 | | 2620 | sl | 5.0 HY | 2620 | | | 2358 | | | | |
| | 1 1 1 | | | | | | | | | | | | | |
| | 4108 | | | 4108 | | | 4108 | | | 3699 | | | | |
| In Service Year: | :: 2007 | | | | | | | | | | | | | |
| EQUIPMENT 20 07/07 | 7 113 | 100 | | 113 SL | SL | 5.0 HY | : 11 | . 23 | 23 | 11 | 23 | | | |
| | | | | | | | | 1 | 1 | | 1 1 | | | |
| Form Totals: | 7366 | 10 | | 7366 | | | 7264 | 23 | 23 | 5388 | 233 | | | |
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