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SCANNED JUL 2 3

Form 990-EZ Department of the Treasury

Internal Revenue Service

For the 2009 calendar year, or tax year beginning

OMB No 1545-1150

Open to Public Inspection

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All her organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

and ending

a	plicable	e Please	C Name of organization		n Fwbi	oyer	identification number		
	Address change		THE PREGNANCY CENTER OF GRAND						
	Name change	print or	JUNCTION, INC.				952432		
	Initial return	type See	, , , , , , , , , , , , , , , , , , , ,	Room/suite			number		
	Termin ated	n- Specific Instruc-	930 MAIN STREET		97	<u> 70 – </u>	241-7474		
	Ameno	ded tions	City or town, state or country, and ZIP + 4		F Grou	p Exe	emption		
	Applicati pending	tion	GRAND JUNCTION, CO 81501		Num	ber 🕨	<u> </u>		
	• Secti	ion 501(c)((3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Accoun	tıng me	thod	X Cash Accrual		
			Schedule A (Form 990 or 990-EZ).	Other (s	pecify)				
ı v	/ebsite	: ▶ PR	REGNANCY-CENTER.ORG	H Check	▶ [☐ if t	the organization is not		
J T	ax-exe	mpt status	s (check only one) — X 501(c) (3) ◀ (insert no)	required to	attach	Sched	dule B (Form 990, 990-EZ, or 990-PF)		
	heck D		the organization is not a section 509(a)(3) supporting organization and its gross receipts are	normally not	more th	nan \$2	25,000 A Form 990-EZ or		
Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return									
I A	dd line		h	► \$	90,011.				
	rt [nd 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Fornue, Expenses, and Changes in Net Assets or Fund Balances (ctions 1	or Pa			
			ons, gifts, grants, and similar amounts received		T	1	77,926.		
			ervice revenue including government fees and contracts		-	2	545.		
		•	ip dues and assessments		H	3	3131		
			-	4	11,540.				
		Investment	1 1		-	4	11,540.		
			ount from sale of assets other than inventory 5a						
			or other basis and sales expenses ss) from sale of assets other than inventory (Subtract line 5b from line 5a)			_			
_			\-	5c					
Revenue	6	Special eve	ents and activities (complete applicable parts of Schedule G). If any amount is from gaming , c	heck here 🟲	-				
Ş	а	Gross reve	nue (not including \$ of contributions						
æ		reported or	n line 1) 6a						
	b	Less direc	t expenses other than fundraising expenses 6b						
	C	Net income	e or (loss) from special events and activities (Subtract line 6b from line 6a)		ļ.,	6c			
	7a	Gross sales	s of inventory, less returns and allowances 7a						
	b	Less cost	of goods sold 7b						
	C	Gross profi	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		L	7c			
			nue (describe)	8			
			nue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	90,011.		
			amum al			10	6,250.		
			I similar amounts paid (attach schedule) aid to or for members ther compensation, and employee benefits			11			
S		•	ther compensation, and employee benefits			12			
Expenses		Profession		13	750.				
per				14	16,540.				
Ä	ſ		ral fees and other payments to independent contractors of OCDEN, UT		<u> </u>	15	1,243.		
	l		1)	16	41,299.				
		•	nses (describe SEE STATE	-/-	17	66,082.			
			enses. Add lines 10 through 16			18	23,929.		
ţ			(deficit) for the year (Subtract line 17 from line 9)		-	10	23/3231		
Net Assets	1		or fund balances at beginning of year (from line 27, column (A))		i	40	326,209.		
Ä			ee with end-of-year figure reported on prior year's return)		-	19	320/203.		
Š			nges in net assets or fund balances (attach explanation)			20	350,138.		
		Net assets	or fund balances at end of year Combine lines 18 through 20		000	21	330,130.		
Pa	ırt II	Balan	(See the instructions for Part II) (See the instructions for Part II)			-EZ	(D) Fad atwars		
			<u> </u>	Beginning of		+	(B) End of year		
22		-	and investments	54,			55,605.		
23		d and buildi		241,					
24	Othe	er assets (d	escribe ► OTHER DEPRECIABLE ASSETS)	30,					
25		ıl assets		326,					
26	Tota	ıl lıabilities	s (describe ACCOUNTS PAYABLE)		650				
27			und balances (line 27 of column (B) must agree with line 21)	326,	209	. 27			
9321 02-0	71 8-10	LHA F	or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2009)		

THE PREGNANCY CENTER OF GRAND

	11990-E2 (2009) JONCTION, INC.			04-	09324	32 Page 2
Wha	art Statement of Program Service Accomplishm it is the organization's primary exempt purpose? CRISIS PREGNA	NCY CENTER	·		(Required fo	tpenses or section 501(c)(3) d) organizations and
	scribe what was achieved in carrying out the organization's exempt p services provided, the number of persons benefited, and other releva	•		1be	1 '''	7(a)(1) trusts, optional
_	CRISIS PREGNANCY CENTER - COUNSELI	NG, SUPPORT AN	D FREE			
	PREGNANCY TESTS GIVEN TO WOMEN AND CRISIS PREGNANCIES.	COUPLES EXPER	RIENCING			
	(Grants \$ 6,250.) If this amount includes foreign	grants, check here	•		28a	53,497.
29						
	(Grants \$) If this amount includes foreign	n grants, check here	>		29a	
30						
	(Grants \$) If this amount includes foreign	grants, check here			30a	
	Other program services (attach schedule) (Grants \$) If this amount includes foreign	orants check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)				32	53,497.
Pa	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one en	ven if not compensated	1		for Part IV)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	to e bene de	ntributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	STASSEN, 930 MAIN STREET, GRAND NCTION, CO 81501	PRESIDENT 1.00	0.		0.	0.
DA	VID YOUNGER, 930 MAIN STREET,	SECRETARY				
	AND JUNCTION, CO 81501	1.00 BOARD MEMBER	0.		0.	0.
	HN HUFF, 930 MAIN STREET, GRAND NCTION, CO 81501	1.00	0.		0.	0.
KA	THY CHESNEY, 930 MAIN STREET,	BOARD MEMBER				
	AND JUNCTION, CO 81501	1.00 BOARD MEMBER	0.	<u> </u>	0.	0.
	RGARET WOOD, 930 MAIN STREET, AND JUNCTION, CO 81501	1.00	0.		0.	0.
TR	ULA MAYS, 930 MAIN STREET, GRAND	TREASURER/DIR				_
JU	NCTION, CO 81501	24.00	0.		0.	0.
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9321 02-0	72 8-10		<u></u>		Form	990-EZ (2009)

Form 990-EZ (2009)

JUNCTION, INC.

Pa	art V Other Information (Note the statement requirements in the instructions for Part V.)				,
	•			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description	· · · · · · · · · · · · · · · · · · ·	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the change	ges	34	ļ	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among othe				
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 99			l	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e)	notice, reporting,			l
	and proxy tax requirements?		35a	\	X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during t	he year? If "Yes,"			۱
	complete applicable parts of Sch. N	1	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.			.,
	Did the organization file Form 1120-POL for this year?		37b	ļ	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any	such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	1 37 / 7	38a	ļ	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	N/A			
39	Section 501(c)(7) organizations Enter	27/2			
	Initiation fees and capital contributions included on line 9	N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b	N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	0			
	section 4911 ▶ 0 • , section 4912 ▶ 0 • , section 4955 ▶	0.			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit train				
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that				x
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part	1	40b	ļ 	<u></u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	0.			
	or disqualified persons during the year under sections 4912, 4955, and 4958		Ì		
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	0.			
_	organization				
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		40e		x
44	transaction? If "Yes," complete Form 8886-T		408		
41	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► THE ORGANIZATION T	elephone no ▶ 970-24	1_7	474	
428	Located at ▶ 930 MAIN STREET, GRAND JUNCTION, CO		$\frac{1}{150}$		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	211 77 7 5			
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fi	nancial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	Ì	Х
·	If "Yes," enter the name of the foreign country			·	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			•	
70	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	N/A		
	and enter the amount of tax exempt interest received of accorded during the tax year	401			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		· · · · · ·		†****
**	Form 990-EZ		44	Ì	x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,	" Form 990 must be			1
••	completed instead of Form 990-EZ	,	45	Ì	x
				90-EZ	(2009)

(970)

243-1921

Form 990-EZ (2009)

X Yes

Form 990-EZ (2009) 84-0952432 Page 4 JUNCTION, INC. Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) ofganizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 46 X office? If "Yes," complete Schedule C, Part I 46 X Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a 49b b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more 50 than \$100,000 of compensation from the organization. If there is none, enter "None" (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances NONE compensation 0 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None" NONE (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 d Total number of other independent contractors each receiving over \$100,000 Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer to the correct, and complete declaration of preparer to the correct and correct and correct to the correct and correct to the correct and correct to the Sign Here Date. Check if self-Preparer's signature ▶ Paid Preparer's identifying number (See instr.) Preparer's employed > Use Only DALBY, WENDLAND & CO., EIN ▶ Firm's name (or yours P O BOX 430 Phone > if self-employed),

address and ZIP + 4

GRAND JUNCTION, CO 81502

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

20047

Open to Public Inspection

Name of the organization

THE PREGNANCY CENTER OF GRAND JUNCTION, INC.

Employer identification number 84-0952432

A church, conveit A school described A hospital or a convent A medical resear city, and state: An organization of section 170(b)(1) A federal, state, of An organization of section 170(b)(1) A community true An organization of activities related income and unrease section 509 An organization of	ntion of churches and in section 17 poperative hospitch organization of the language of the la	ent or governmental uniterves a substantial part of the Part II) ection 170(b)(1)(A)(vi). erves: (1) more than 33 inctions - subject to certal exable income (less sect	ches desc hedule E.) described with a hos niversity or t described of its supp (Complete 1/3% of its ain excepti	ribed in section spital descrivened or open d in section port from a Part II.) support froms, and (2	170(b)(1)(1)(1)(1)(b)(1)(b)(1)(b)(1)(1)(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	(b)(1)(A)(i) (A)(iii). ction 170 a governr (I)(A)(v). ental unit o	(b)(1)(A)(ii nental unr	describe	ed ın					
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see section 509 An organization of An organization	lated business ta (a)(2). (Complete	axable income (less sect Part III.)				46 22 4								
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and a second state of the second														
		itions described in section				.). See se c	tion sost	ajtoj. One	eck the box that					
		organization and compl							Tura III. Othan					
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			•											
	_							9(a)(1) or	section 509(a)(2).					
			the IRS tha	at it is a Ty	pe I, Type	II, or Type	: 111							
								_	<u>L</u>					
•		•							[]					
(i) A person w	ho directly or ind	rectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (i	iii) below,						
the governi	ng body of the su	upported organization?												
(iii) A 35% cont	trolled entity of a	person described in (i) of	or (ii) above	e?					11g(iii)					
Provide the follo	wing information	about the supported or	ganization	(s).										
			T		г									
ame of supported	(ii) EIN		organization		ı notify the			(vii) Amount of						
organization							(i) organız	ed in the	support					
		above or IRC section	governing document?		(i) of your support?			,						
		(see instructions))	Yes	No	Yes	No	Yes	No						
				<u></u>										
								<u> </u>						
								[]						
foundation mana If the organizatio supporting organ Since August 17 (i) A person w the governi (ii) A family me (iii) A 35% cont Provide the followame of supported	box, I certify that agers and other the process of	the organization is not than one or more publichten determination from this box organization accepted an irectly controls, either all upported organization? The described in (i) above? person described in (i) about the supported organization (described on lines 1-9)	controlled y supporte the IRS that my gift or co one or tog or (ii) above ganization (iv) Is the co in col (i) Ii:	ed organizated organizated organization sted in your sted	r indirectly ations desc pe I, Type from any persons c (v) Did you organizat	by one or cribed in s II, or Type of the folk described i	ection 509 Hill Dwing person (ii) and (iii) and (iiii) and (iiii) and (iiii) and (iiii) and (iiii) and (iiiii) and (iiiii) and (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	e(a)(1) or some the the on in collection the	Yes 11g(i) 11g(ii) 11g(iii) (vii) Amount o					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

84-0952432 Page 2

Schedule A (Form 990 or 990 EZ) 2009 JUNCTION, INC. 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 1) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 62,086. 67,334. 85,631. 106,480. 77,926. 399,457. include any "unusual grants.") 2 Tax revenues levied for the organization'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 62,086. 67,334. 85,631. 106,480. 77,926. 399,457. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 30,919. column (f) 368,538. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in)▶ **(b)** 2006 (c) 2007 (e) 2009 (f) Total (a) 2005 67,334. 399,457. 62,086. 85,631. 106,480. 77,926. Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 10,965. 11,540. 54,613. 10,136. 10,572. 11,400. and income from similar sources 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 IV.) 454,070. 11 Total support. Add lines 7 through 10 1,755. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 81.16 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 81.62 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Pa	edule A (Form 990 or 990-EZ) 2009 rt III Support Schedule for C)rganizations	Described in	Section 509(a	(2) (Complete only	r if you checked the bo	Page 3 ex on line 9 of Part I)
Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from fine 6)						
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						
-	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		,				
c	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 assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009 (column (f))		15	%
16	Public support percentage from 2008					16	%
	ction D. Computation of Inves						
17						17	
18	Investment income percentage from			(7)		18	%
	33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than		
100	more than 33 1/3%, check this box a						▶□
	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						▶□
20	Trivate iounication, if the organization	GIG HOL CHECK A	200 OH IIIO 17, 10	_, coo, oncon t		hadula A /Earm 00	

FORM 990-EZ OTHER EXPENS	SES	STATEMENT	1
DESCRIPTION		AMOUNT	
CLIENT SUPPLIES & EXPENSES		2,65	51.
TRAINING		2,39	
ADVERTISING & PROMOTION		17,14	
OFFICE EXPENSES		5 , 91	
CONFERENCES, CONVENTIONS & MEETINGS		2,30	
INSURANCE		1,30	
EDUCATIONAL MATERIALS			81.
COMPUTER/IT			60.
PROPERTY TAXES		3,53 3,28	
MAINTENANCE INSURANCE		1,30	
INSURANCE			
TOTAL TO FORM 990-EZ, LINE 16		41,29	99.
FORM 990-EZ CASH GRANTS AND ALLO	OCATIONS	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS MINISTRY OUTREACH - ROMANIA	GRANTEE'S RELATIONSHIP NONE	AMOUNT	
GLOBAL PARTNERS, INC.	NONE	0,2.	
7136 SOUTH 1700 EAST SALT LAKE CITY, UT 84121 TOTAL INCLUDED ON FORM 990-EZ, LINE 10		6,2	50.
SALT LAKE CITY, UT 84121		6,2	50.
SALT LAKE CITY, UT 84121 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 FORM 990-EZ RENTAL INCOME	ACTIVITY NUMBER		3
SALT LAKE CITY, UT 84121 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 FORM 990-EZ RENTAL INCOME KIND AND LOCATION OF PROPERTY	NUMBER	STATEMENT GROSS RENTAL INCO	3 OME
SALT LAKE CITY, UT 84121 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 FORM 990-EZ RENTAL INCOME		STATEMENT	3 OME

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	1	STATE	MENT	4
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REC	[] YES	[X]	NO
B)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[] YES	[X]	NO

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		•	X	
•	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this				
o not c	omplete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Fo	rm 8868. 		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		-		
corpor	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete			
art I onl	· · · · · · · · · · · · · · · · · · ·	.,	•	- 🗆	
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	ision of time		
	ome tax returns	CALCII	ision or time		
noted be not auto rou musi	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension low (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consistent the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want the a ated Form 990-T. In	dditional	
уре ог	Name of Exempt Organization	Emp	loyer identification	ion number	
orint	THE PREGNANCY CENTER OF GRAND				
	JUNCTION, INC.	8	4-0952432		
ile by the ue date for ling your	Number, street, and room or suite no. If a P.O. box, see instructions. 930 MAIN STREET				
etum See estructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND JUNCTION, CO 81501				
heck ty	rpe of return to be filed (file a separate application for each return):				
Fo	rm 990 Form 990-T (corporation) Form 47	'20			
	rm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52				
	rm 990-EZ Form 990-T (trust other than above) Form 60				
	rm 990·PF				
	THE ORGANIZATION	E A 1			
	ooks are in the care of > 930 MAIN STREET - GRAND JUNCTION, CO 81	201			
-	none No. ► 970-241-7474 FAX No. ►			 1	
If the	organization does not have an office or place of business in the United States, check this box		-		
				·	
If this	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)				
If this	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)				
If this ox 1 I re is 1	. If it is for part of the group, check this box and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unta AUGUST 15, 2010, to file the exempt organization return for the organization named a for the organization's return for:	memb Il	ers the extension v		
If this ox 1 I re is 1	and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untia AUGUST 15, 2010, to file the exempt organization return for the organization named a for the organization's return for: X calendar year 2009 or	memb Il	ers the extension v		
If this ox 1 I re is 1	. If it is for part of the group, check this box and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unta AUGUST 15, 2010, to file the exempt organization return for the organization named a for the organization's return for:	memb Il	ers the extension v		
If this pox P	and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untia AUGUST 15, 2010, to file the exempt organization return for the organization named a for the organization's return for: X calendar year 2009 or	memb	ers the extension v	vill cover.	
If this sox >	. If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 and the exempt organization return for the organization named a for the organization's return for: X calendar year 2009 or and ending and ending tax year beginning and ending	memb	The extension	vill cover.	
If this pox I recommend to the pox I recommen	. If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for: X calendar year 2009 or tax year beginning	memb	The extension	vill cover.	
of If this pox ▶ 1 I record is 1 ≥ 2 If this pox ▶ 2 If this pox ▶ 3a If this pox ▶	and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a corporation required to file Form 990-T and ending	memb	The extension Change in account	vill cover.	
1 I recovery 1 I r	If it is for part of the group, check this box ■ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a for the organization's return for: X calendar year 2009 or , and ending, and ending	memb	The extension Change in account	vill cover.	
1 I recovery 1 I r	and attach a list with the names and EINs of all squest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 and attach a list with the names and EINs of all squest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 and the organization return for the organization named a for the organization's return for: X calendar year 2009 or and ending and ending and ending and ending application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any inrefundable credits. See instructions. his application is for Form 990-PF or 990-T, enter any refundable credits and estimated	memb	The extension Change in account	vill cover.	
1 I recovery 1 I recovery 2 If the second 1 I recovery 2 If the second 2 If th	If it is for part of the group, check this box ■ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a for the organization's return for: X calendar year 2009 or , and ending, and ending	memb	The extension Change in account	vill cover.	

Form **8868**

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Re	venue Service	File a separate application for each return.		<u> </u>			
• If you	► X						
If you	ı are filing for an Add	itional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).				
Do not	complete Part II un	less you have already been granted an automatic 3-month extension on a previously f	iled Fo	rm 8868			
Part	Automatic	3-Month Extension of Time. Only submit original (no copies needed).					
A corpo	ration required to file	Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete				
Part I or	•			▶ 🛄			
	r corporations (includ come tax returns.	ting 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	n exten	sion of time			
noted b (not aut you mu:	elow (6 months for a omatic) 3-month exte st submit the fully co	enerally, you can electronically file Form 8868 if you want a 3-month automatic extensic corporation required to file Form 990-T). However, you cannot file Form 8868 electron ension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or completed and signed page 2 (Part II) of Form 8868. For more details on the electronic film e-file for Chanties & Nonprofits.	ically if	(1) you want the additional ated Form 990-T. Instead,			
Type or	Name of Exemp	t Organization	Emp	oyer identification number			
print	THE PREG	NANCY CENTER OF GRAND					
	JUNCTION	8	4-0952432				
File by the due date f filing your	or Number, street, 930 MAIN	and room or suite no. If a P.O. box, see instructions. STREET					
return Sec	 City, town or po 	st office, state, and ZIP code. For a foreign address, see instructions NCTION, CO 81501					
Fo	type of return to be orm 990 orm 990-BL orm 990-EZ orm 990-PF	filed (file a separate application for each return) Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A Form 86	227 069				
THE ORGANIZATION The books are in the care of 930 MAIN STREET - GRAND JUNCTION, CO 81501 Telephone No. 970-241-7474 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.							
_ IS	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2009 or tax year beginning, and ending						
2 If	this tax year is for le	ss than 12 months, check reason Initial return Final return		Change in accounting period			
3a If	this application is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
no	onrefundable credits	See instructions.	3a	\$			
b If	this application is for	Form 990·PF or 990·T, enter any refundable credits and estimated					
ţa	x payments made In	nclude any prior year overpayment allowed as a credit.	3ь	\$			
		et line 3b from line 3a. Include your payment with this form, or, if required,					
		oon or, if required, by using EFTPS (Electronic Federal Tax Payment System)					
	ee instructions.		3c	s N/A			

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)