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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

Open to Public

Control spring Page Pag			nue service The organization may have to use a copy of this return to so				inspection				
Application pandon Section Se	<u>A</u> _	For th		, and ending	Mar		<u>, 20 10 </u>				
Address charge Same change Same chang	В	Check if a	Line (DC			D Employe					
Terminated Specific Specif		Address	change label or Doing Business As								
Initial return Ini		Name cl		Room/suite		E Telephor	ne number				
Termanated Instructions Garda Rapids, Mil 49503 James Sprague High the a group rum for Willout Ves Same as a dodress of principal officer James Sprague High the a group rum for Willout Ves Same as a bove High the a group rum for Willout Ves Same as a bove High the a group rum for Willout Ves Same as a bove High the a group rum for Willout Ves High the a group rum for Willout Ves Western James J		nitial ref	turn See 415 Cherry St SE			(616)	776-3840				
Application pending F Name and address of principal officer Same as above High be the a group return for infliend Very	\square 1	ermina	ted Instruc- City or town, state or country, and ZIP + 4								
Application pending F. Name and address of principal officor James Sprague High is the a group number efficialist Ves High is the a group number efficialist Ves High is the aproximation of the pending			d return Grand Rapids, MI 49503			G Gross rece	eipts \$ 1,233,048				
Same as above His Are a lateach states Solicy see His Are a flateach states Solicy Sol					H(a) Is this	a group return f	or affiliates TVes Vo				
J Website: ▶ www.prcforlife.org Right Supering Right						•					
Form of organization Corporation Trust Association Other L. Year of formation. 1985 M. State of legal domicite Miles	1_	Tax-ex	empt status		lf "N	lo," attach a li	st (see instructions)				
Benefy describe the organization's mission or most significant activities: The Pregnancy Resource Center exists to live the truth that people matter to God. We strive to be the most trusted and respected source for information, education and services that affirm the gift of human life. We provide abstinence education, pregnancy information and options counseling. STD testing, and material assistance to families with young children. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of employees (Part V, line 2a). 6 Contributions and grants (Part VIII, line 1b). 7 FEB 2 2011 8 Contributions and grants (Part VIII, line 1b). 1 Other revenue (Part VIII, clumm (A), lines 2 2 2011 9 Program service revenue (Part VIII, line 1b). 1 Total revenue—add lines 8 through 11 (must equal part VIII, clumm (A), line 1 2). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2 Grants and similar	<u>J_</u>	Websi	ite: ► www.prcforlife.org		H(c) Group	exemption numb	oer ▶				
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Ta Total gross unrelated business revenue from Part-VIII. Column (C), line 2.	Ž					5	35				
Ta Total gross unrelated business revenue from Part-VIII. Column (C), line 2.	PC.	6	Total number of volunteers (estimate if necessary)			6	200				
b Net unrelated business taxable income/from Form 990-T, line 34	-	7a	Total gross unrelated business revenue from Part-VIII. column (C). In	e 12	•	7a	0				
8 Contributions and grants (Part VIII, Ine 1h).						. 7b					
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Tree) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (O), line 25) 18 Total fundraising expenses (Part IX, column (O), line 25) 19 Revenue less expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Net assets or fund balances. Subtract line 21 from line 20 24 Captal Type or print name and title Part II Part II Preparer's Signature Block Preparer's Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and behit, fry fund, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled signature Preparer's Signature Block Preparer's Firm's name (or yours if self-employed) Firm's na		10	Investment income (Part VIII, column (A) lines:3-4 and 7d)	1		(3,075)	(2,937)				
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14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) ▶ 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and beliet, "Is flue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer is any knowled employed propagate in self-employed address, and ZIP + 4 24 Preparer's signature and EIN propagate in self-employed propagat				<u> </u>							
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19 Revenue less expenses. Subtract line 18 from line 12 26,330 27,1				25)			1,195,576				
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Total liabilities (Part X, line 16)	ارة ارة ارة ارة			Beg	ginning of C						
Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled. Sign	ets	20	Total assets (Part X June 16)				793,731				
Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled. Sign	Ass 1 Ba	21	•		_		62,246				
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, in gitrue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled. Conclusion Conclusi											
Sign Here Signature of officer Date	_	•	Under penalties of perjury, I declare that I have examined this return, including accomp	panying schedule	s and stater	ments, and to	the best of my knowledge				
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Paid Preparer's signature Self-employed				2.01							
Paid Preparer's Use Only Self-employed S			Preparer's Date		k ıf	Preparer's ide	entifying number				
Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 EIN Phone no ()	nt				oved ▶ 🗍	(see instruction	ons)				
Use Only I Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no ▶ ()					. –						
use Unity if self-employed), address, and ZIP + 4 Phone no ▶ ()				<u>-</u>	EIN	<u> </u>					
	use	Uniy)				
INICH THE THE CHECKES THE FEIGHT WITH THE PREPARE SHOWIT ADDRESS INSTRUCTIONS!	Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)	tions)	1		Yes No				

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Form **990** (2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The Pregnancy Resource Center exists to live the truth that people matter to God. We strive to be the most trusted and respected source for information, education, and services that affirm the gift of human life.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 352,590 including grants of \$
40	Abstinence Education: Our abstinence education curriculum, Willing to Wait, was taught in 51 schools to more than 5,000 students during the 2009 - 2010 school year. In addition, we presented the abstinence message to 1,250 community members. The annual value of donated volunteer services in this area, which is not included in the program service totals, is approximately \$55,000.
4c	(Code) (Expenses \$ 164,051 including grants of \$) (Revenue \$) Family Support Services: We distributed more than 89,000 material items to the economically disadvantaged including diapers, formula, baby clothing, cribs, car seats, etc. The annual value of donated volunteer services in this area, which is not included in program service totals, is approximately \$65,000.
	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 690,935

Pai	rt 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)? If "Yes," complete Schedule A	1	1	
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 public office? <i>If "Yes," complete Schedule C, Part I</i>	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; 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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	√	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a		14a		✓
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	_ ✓

Pai	Checklist of Required Schedules (continued)			uge .
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	_	✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	✓
		لتت		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
	U.S. Information Returns. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		1	
	gaming (gambling) winnings to prize winners?	1c	<u> </u>	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 35			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		√
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	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 Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		√
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	-	✓
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a 7b	1	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5	_	
	required to file Form 8282?	7с		✓
	in res, includes the number of refine seed using the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g	_/	-
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	/9_	•	
	required?	7h	✓	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			}
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2_		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		/
6	Does the organization have members or stockholders?	6		-
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	70		
_	of the governing body?	7a 7b		1
8 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	70		Ť
0	the year by the following:			ŀ
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		
448	form?		<u> </u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		
	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124	<u> </u>	
	rise to conflicts?	12b	1	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does 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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	;		
а	The organization's CEO, Executive Director, or top management official	15a	✓_	<u> </u>
þ	Other officers or key employees of the organization	15b	<u>√</u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		√
	with a taxable entity during the year?	16a		V
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1.00	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ▶ MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.	,	,,	
	☐ Own website ☑ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	

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

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

Check this box if the organization did not compensate any current officer, director, or trustee

- 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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. 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 the organization did not compensate any current officer, director, or trustee.										
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d		k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Vincent Woltjer Chairman	2	√		1						
James Scott Vice Chairman	2	1		/						
Rick Rusthoven Treasurer	2	1		/						
Jordan Buning Secretary	2	1	_	1						
Mark Lemoine Director	2	1								
Mark Bergsma Director	2	1								
Eileen McNulty-McNeil Director	2	1								
Joseph Hamilton Director	2	1								
Todd Hill Director	2	1								
Valerie Cook, MD Director	2	1								
Amber MacKenzie Director	2	1								

Pa	t VII Section A. Officers, Directors, Tru		Emp	loy			d Hig	hest		1 Employee	es (continued)
	(A)	(B)	l		•	C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	র Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensat from relat organizatio (W-2/1099-N	ed amount of other compensation
									_		
-											
										_	
									_		
1b	Total							•			
2 3	Total number of individuals (including but a reportable compensation from the organization list any former office	ation ► 0									Yes No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the s	chedule J	for su	ich i	ındı	vidu	ıal .				. 3 √
	the organization and related organizations individual.										h 4 🗸
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp lete	oens Sch	satio <i>edu</i>	on f le J	rom for s	any <i>uch</i>	unrelated orga person	anization fo	or 5 √
	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере 	nde	nt c	contra	ector	s that received	more that	n \$100,000 of ———————
	(A) Name and business add	lress							(B) Description of se	ervices	(C) Compensation
							_			_	
										-	
2	Total number of independent contractors (imore than \$100,000 in compensation from	ncluding bi	ut not	lim	ited	to	those	liste	ed above) who	received	

1	Pari	t VIII	Statement of Revenue					1
Table Tabl						Related or exempt function	Unrelated business	Revenue excluded from tax under sections
20 STD Testing Fees	ts ts	12	Federated campaigns 1a	19.236	·	TOVERIGE		312, 310, 01 314
20 STD Testing Fees	필드		Todoratou cumpaigno :	,				1
20 STD Testing Fees	s, g		Wiching adds	13.920				
20 STD Testing Fees	ar a		Tanaraising events					1
20 STD Testing Fees	S, E		_				i	
20 STD Testing Fees	i Si	l .						
20 STD Testing Fees	ğ ş	•		1,188,972				
20 STD Testing Fees	d d	a						
2a STD Testing Fees 624100 360	ပို့ န		,	▶	1,222,128			
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalites (i) Real (ii) Personal (ii) Personal (iii) Personal	<u> </u>			Business Code				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalites (i) Real (ii) Personal (ii) Personal (iii) Personal	Je Je	2a	STD Testing Fees	624100	360	360		
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalites (i) Real (ii) Personal (ii) Personal (iii) Personal	æ							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Peal (ii) Personal (ii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal	<u> </u>	-	1					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Peal (ii) Personal (ii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal	ŞeΓ	l .						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Peal (ii) Personal (ii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal	Ē	е						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Peal (ii) Personal (ii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal (iii) Peal (iii) Personal (iii) Personal (iii) Peal (iii) Personal	ogra	f	All other program service revenue .					
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$13,920 of contributions reported on line 1c). See Part IV, line 18 a 9,332 b Less: direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a b Less: direct expenses, b c Net income or (loss) from garning activities See Part IV, line 19 a b Less: cidrect expenses, b c Net income or (loss) from garning activities See Part IV, line 19 b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Other Income 900099 739 739 739 739	<u>£</u>	g	Total. Add lines 2a-2f	🕨	360			
S Royalties		3			489	489		
(i) Real (ii) Personal		4		d proceeds 🕨				
Company Com		5		<u></u> •				
December			(i) Real	(ii) Personal				
C Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$		6a	Gross Rents .					
Table Gross and the translation Table Gross assets other than inventory Table Gross and sales expenses Table Gross and sales expenses Table Gross T								
Ta Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses . c Gain or (loss)								
Besign of the property of the		a	` 			- ·		
and sales expenses .		7a	Gross amount from sales of					
C Gain or (loss)		b	Less. cost or other basis					
d Net gain or (loss)		İ	and sales expenses .					,
8a Gross income from fundraising events (not including \$		c		(3,426)				
See Part IV, line 18		d	Net gain or (loss)	▶	(3,426)	(3,426)		
See Part IV, line 18	enne,	8a	Gross income from fundraising events (not including \$13,920		:			!
b Less: direct expenses b 6,935 c Net income or (loss) from fundraising events > 2,397 9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities > c Net income or (loss) from gaming activities > 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory > Miscellaneous Revenue Business Code 11a Other Income 900099 739 739 b								
9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a Other Income 900099 739 739 b								
9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a Other Income 900099 739 739 b	ŧ							ļ
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a Other Income 900099 739 739 b	0	C	Net income or (loss) from fundraising e	vents ▶	2,397	2,397		
b Less: direct expenses b c Net income or (loss) from gaming activities		9a	Gross income from gaming activities					
c Net income or (loss) from gaming activities		.						
10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a Other Income 900099 739 739 b c d All other revenue . e Total. Add lines 11a-11d				ution .		-		
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a Other Income 900099 739 739 b			` '	illes				<u> </u>
b Less: cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code 11a Other Income 900099 739 739 b C d All other revenue c Total. Add lines 11a-11d		10a	•					
c Net income or (loss) from sales of inventory		١.						
Miscellaneous Revenue Business Code				nn.		·		<u> </u>
11a Other Income 900099 739 739 b		⊢						
b		4.4	Other Income		720	720		+
c				300033	139	139		
d All other revenue		0			<u> </u>			
e Total. Add lines 11a-11d ▶ 739		C						
C Totali / GG III GG T T G T T G T T G T T G T G T		_			720		 	
114 TOTAL TEVERIUE, SEE HISTOUCHORS P. 1 T.ZZZ.BX/ 1 559 1			Total revenue. See instructions.		1,222,687	559	_	 -

from a combined educational campaign and

fundraising solicitation

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) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV. lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 737,184 436,862 141.847 158,475 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . 58.513 34.777 6.941 16,795 Other employee benefits 54,438 32,396 10,259 11,783 10 Payroll taxes Fees for services (non-employees): **b** Legal 9,671 9,671 c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 7,204 20,657 13,453 12 Advertising and promotion 54,085 12,550 34,356 7,179 Office expenses 13 19,398 31,547 6,214 5,935 14 Information technology . . . 15 Royalties 44,602 38.100 3.251 3,251 Occupancy 16 10,598 8.695 1,903 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,851 2.143 <u>3,</u>814 894 Conferences, conventions, and meetings . 51 51 20 21 Payments to affiliates 43,485 33.218 4,818 5,449 Depreciation, depletion, and amortization. 10,561 5,647 1,140 23 Insurance 3,774 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) Fundraising expenses 34,728 34,728 Special events 38,802 38,802 16,395 16,395 Client services and education C 23,408 15,495 5,303 Miscellaneous expenses 2,610 All other expenses Total functional expenses. Add lines 1 through 24f 208,493 1,195,576 690,935 296,148 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	139,836	1	29,716
	2	Savings and temporary cash investments		2	90,217
	3	Pledges and grants receivable, net	14,121	3	31,460
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	J	employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	Ū	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
t3	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	12,380	9	27,131
	10a	Land, buildings, and equipment: cost or 10a 1,001,502			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 386,295	540,711	10c	615,207
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	707,048	16	793,731
	17	Accounts payable and accrued expenses	10,711	17	58,662
	18	Grants payable		18	
	19	Deferred revenue		19	3,584
	20	Tax-exempt bond liabilities		20	
တ္ဆ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
Lia		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
		· · · · · · · · · · · · · · · · · · ·		23	-
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	2 4 25	Other liabilities. Complete Part X of Schedule D	67,636		
	26	Total liabilities. Add lines 17 through 25	78,347	26	62,246
nces		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	615,574	27	721,005
3a	28	Temporarily restricted net assets	13,127	28	10,480
豆	29	Permanently restricted net assets	·	29	·
Net Assets or Fund Balar		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
S.	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	628,701	33	731,485
~	34	Total liabilities and net assets/fund balances	707,048		793,731

Form **990** (2009)

Dogo	1	2
Page		_

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	· (1)	A STATE OF	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	Were the organization's financial statements audited by an independent accountant?	2b	\	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	الإلمانوا و	s ite.
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	# #£	教	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	i	√
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Internal Revenue Service Employer identification number 38 2591608 **Pregnancy Resource Center** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33\% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **d** ☐ Type III–Other a Type I **b** Type II **c** ☐ Type III–Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 1<u>1g(ii)</u> (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (ii) EIN (III) Type of organization (i) Name of supported (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9) in col. @ listed in your the organization in organization in col support organization above or IRC section col (i) of your (i) organized in the governing document? support? (see instructions)) Yes Yes Yes

Total

	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi) 	
	tion A. Public Support							
Ca	lendar 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.")	1,093,144	1,255,486	1,228,772	1,209,644	1,222,128	6,009,174	
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							
4	Total. Add lines 1 through 3	1,093,144	1,255,486	1,228,772	1,209,644	1,222,128	6,009,174	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						407,581	
6	Public support. Subtract line 5 from line 4.						5,601,593	
Sec	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	1,093,144	1,255,486	1,228,772	1,209,644	1,222,128	6,009,174	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		557	772	131	489	1,949	
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 IV)				3,638	3,496	7,134	
11	Total support. Add lines 7 through 10 .						6,018,257	
12	Gross receipts from related activities, etc	•	•			12		
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	id, third, fourth,		ear as a sectio	n 501(c)(3) 	
14	Public support percentage for 2009 (line			I, column (f))		14	93 %	
15	Public support percentage from 2008 Sci		-			15	95 %	
16a	331/3 % support test – 2009. If the organiand stop here. The organization qualifies	zation did not d	heck the box o					
b	331/3 % support test-2008. If the organic	zation did not c	heck a box on	line 13 or 16a, a	and line 15 is 3	331/3 % or more,	check this	
	box and stop here. The organization qua	lifies as a publi	cly supported of	organization .			▶ □	
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the	
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, c organization qua	check this box a alifies as a public	nd stop here. ly supported org	Explain in Part ganization	IV how the	

Schoo	lule A (Form 990 or 990-EZ) 2009						Page 3
	t III Support Schedule for Orga	nizations De	scribed in S	ection 509(a	1)(2)	•	
	(Complete only if you checke	ed the box or	line 9 of Pa	rt I.)			
	tion A. Public Support	r					
Ca	lendar 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			by 19 th - Short La Alexandra			_
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	1					
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
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.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here			h, or fifth tax y		on 501(c)(3) ► □
Sec	tion C. Computation of Public Su	pport Perce	ntage			, . ,	
15 16	Public support percentage for 2009 (In Public support percentage from 2008	Schedule A, Pa	art III, line 15			15 16	<u>%</u>
C	tion D. Committation of Investmen	-4 Imaa-ma - D					

	organization, check this box and stop here		. <u>.</u> ▶∟
Sec	tion C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a	33½ % support tests – 2009. If the organization did not check the box on line 14, and line 15 is		

17 is not more than 33½ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ □

b 33% % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33% %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

ı	Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.						
Part II, Line	10: Net income from fundrai	sing events \$2,397		•••••			
	Program Service Revenu	ue 360					
	Other Income	739					
	Total	\$3,496					
	•••••						
	·····						
				••••			
			•••••	·			
				••			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization Employer identification number **Pregnancy Resource Center** 38 2591608 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) . 3 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . 2c C 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Assets included in Form 990, Part X

Sched	dule D (Form 990) 2009					Page 2
Par	t III Organizations Maintain	ing Collections	of Art, Histori	cal Treasures	, or Other Similar A	ssets (continued)
3	Using the organization's acquisition collection items (check all that appli	, accession, and o	other records, o	heck any of the	following that are a s	significant use of its
а	Public exhibition		d 🔲	Loan or excha	ange programs	
b	Scholarly research		е 🗌	Other		
С	Preservation for future genera	tions				
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.					
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta	ained as part of	the organization	's collection?	
Par	Escrow and Custodial A IV, line 9, or reported an				nswered "Yes" to Fo	orm 990, Part
	Is the organization an agent, truste included on Form 990, Part X?				ons or other assets no	ot 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the follo	wing table:		
	Democrac halance				1c	Milouni
	Beginning balance				•	
	Additions during the year					·
•	Distributions during the year				. 1e	
) 22	Ending balance					Yes No
b	If "Yes," explain the arrangement in	n Part XIV.	, ran A, ille 2	1?		∐ Yes ∐ No
	t V Endowment Funds. Co		ganization ans	wered "Yes"	to Form 990. Part I	V. line 10.
		(a) Current year	(b) Prior year	(c) Two years		-
1a	Beginning of year balance					
b	Contributions					
	Net investment earnings, gains, and losses		-			
d	Grants or scholarships	1				
	Other expenditures for facilities and programs					
f g	Administrative expenses End of year balance					
2	Provide the estimated percentage of		lance held as:			<u> </u>
а	Board designated or quasi-endown	-				
b	Permanent endowment ▶					
С	Term endowment ▶ %	6				
За	Are there endowment funds not in thorganization by	ne possession of the	ne organization	that are held an	d administered for the	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
_	If "Yes" to 3a(ıı), are the related org					3b
4	Describe in Part XIV the intended u					
Par	t VI Investments—Land, Bu			Form 990, Pa	art X, line 10.	
	Description of investment	(a) Cost or of (investment)		Cost or other asis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			25,000		25,000
b	Buildings	.		747,439	248,574	498,865
С	Leasehold improvements					
e	Equipment			229,063	137,721	91,342
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colur	nn (B), line 10(c)) . <mark>▶</mark>	615.207

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

neut	le D (1 0111 930) 2009			rage ¬
art	XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial S	tater	nents
	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,222,687
	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,195,576
	Excess or (deficit) for the year. Subtract line 2 from line 1		3	27,111
	Net unrealized gains (losses) on investments		4	
	Donated services and use of facilities		5	
	nvestment expenses		6	
	Prior period adjustments		7	
	Other (Describe in Part XIV.)		8	
) '	Total adjustments (net) Add lines 4 through 8		9	
)	Excess or (deficit) for the year per audited financial statements. Comb	ine lines 3 and 9	10	27,111
art	XII Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e pe	
	Fotal revenue, gains, and other support per audited financial statemen	ts	1	1,335,295
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		**	
а	Net unrealized gains on investments	2a	_ 3	4
b	Donated services and use of facilities	2b 105,67	3	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d 6,93	5	
	Add lines 2a through 2d		20	112,608
}	Subtract line 2e from line 1		3	1,222,687
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)	4b		
	Add lines 4a and 4b		40	;
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,222,007
art	XIII Reconciliation of Expenses per Audited Financial St	atements With Expens	ses p	er Return
	Total expenses and losses per audited financial statements		1	1,232,511
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a 30,00	0	
	Prior year adjustments	2b		i i
	Other losses	2c		
d	Other (Describe in Part XIV.)	2d 6,93	5	
	Add lines 2a through 2d		20	e 36,935
	Subtract line 2e from line 1		3	1,195,576
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	蹇	
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)	4b		
	Add lines 4a and 4b	•	4	
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	. line 18.)	5	1,195,576
	XIV Supplemental Information	<u></u>		., .,,
omp nd 2 nis p	blete this part to provide the descriptions required for Part II, lines 3, 5, b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b art to provide any additional information. XII, line 2d: Fundraising direct expenses			
· ·	, === , energieng en est enperiode			• • • • • • • • • • • • • • • • • • • •
art	XIII, line 2d: Fundraising direct expenses			
· · · ·				
		•••••		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public

Name of the organization Employer identification number **Pregnancy Resource Center** 38 2591608 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants f **b** Internet and email solicitations Solicitation of government grants c Phone solicitations g ✓ Special fundraising events d ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves V No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (iii) Did fundraiser have (vi) Amount paid to (or retained by) (ii) Activity (v) Amount paid to (or retained by) (iv) Gross receipts custody or control of or entity (fundraiser) from activity contributions? fundraiser listed in organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. Michigan

Pa	art II	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza form 990-EZ, line 6a. L	tion answered "Yes" to list events with gross r	o Form 990, Part IV, li eceipts greater than \$	ne 18, or reported 5,000.
			(a) Event #1 Golf Outing	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
ē			(event type)	(event type)	(total number)	(-),
Revenue	1	Gross receipts	23,252	-		23,252
	3	Less: Charitable contributions	13,920			13,920
_		minus line 2)	9,332			9,332
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	1,965			1,965
Direct	8	Entertainment				
	9	Other direct expenses	4,970		<u></u>	4,970
	10 11	Direct expense summary. Ad Net income summary. Comb	ld lines 4 through 9 in co	olumn (d)		(6,935)
Pa	ırt II	Gaming. Complete if	the organization ansv	vered "Yes" to Form	990, Part IV, line 19,	or reported more
_		than \$15,000 on Form	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) 5go	bingo/progressive bingo	(b) Other gaming	col (a) through col (c))
<u>_</u>	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	_			
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	│	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)	•	()
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		
	En	tor the state(s) in which the s	vennination energtes ex			Yes No
9 8	a Is	ter the state(s) in which the o the organization licensed to o 'No," explain				9a
_		ere any of the organization's 'Yes," explain:	gaming licenses revoke	d, suspended or termir	nated during the tax ye	ar? 10a
11	Do	es the organization operate o	gaming activities with ne	onmembers?		11
12	ls '	the organization a grantor, be med to administer charitable	eneficiary or trustee of	a trust or a member of	a partnership or other	entity 12 12

	4
D	
Pad	е.

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	An outside facility		į	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
., а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?	17a		
b				

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

Employer identification number

Pregnancy Resource Center	38	2591608
Part III, #2: The organization began offering testing and treatment for sexually transmitt	ed dise	ases.
Part VI, #11A: The 990 is reviewed by the organization's Finance Director and Executive	Directo	r. A copy of the 990 is
provided to the board of directors prior to filing.		
Part VI, #12c: All directors, officers, and key employees are required to disclose any con	flicts of	interest as they arise.
The organization also requires them to submit a conflict of interest statemer	nt on an	annual basis.
Part VI, #15a&b: The board of directors uses comparability data and performance review	s to an	nually evaluate and
determine the compensation of the Executive Director and other officers or	key em	ployees. The
deliberation and decisions are documented in the minutes of the board mee	ting.	
Part VI, #19: The organization's financial statements are available upon request. Other g	overnir	ng documents may be
available if approved.		
Other notes:		
Part III, #4: The organization receives donated services from a variety of unpaid voluntee	rs. Ma	ny of these volunteer
services do not meet the criteria for recognition on the financial statements	under S	FAS No. 116. The
organization estimates the fair value of these services to be \$275,000, of whi	ch \$250	,000 is attributed to
program services.		
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