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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 3 Membership dues and assessments. 3 Membership dues and assessments. 5 a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 6 d 7 a Gross sales of inventory, less returns and allowances b Less cost of goods, sold c Gross profit or (loss) from particle Demonstration (loss) from particle perticle (loss) (loss) from particle (loss) (loss) from particle (loss) (loss) from particle (loss) (lo		Ā		3 calendar year, or tax year beginning , 2013, and ending		,
Name change Fertility Care Centers International 47-0831038 17-0831038 18-08106		片			D Employer	dentification number
Corporation Continuous Companies C		 	1		47-08	31038
Amended return		F	i	6901 Mercy Road	E Telephone	number
Amended return Aportation pending G Accounting Method: Cash Accounting Method: Account		F	•	Omaha, NE 68106	(402)	390-6600
Application pending			Amended retu	n		
Website: F N/A Tax-exempt status (check only one) -			Application pe	nding		
Website: F N/A Tax-exempt status (check only one) -		G	Accounting	Method X Cash	< ► X if the	organization is not
K Form forganization: M Corporation Trust Association Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$400 Other Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I		ı	Website: >	N/A requir	ed to attach	Schedule B (Form
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		J	Tax-exempt st	atus (check only one) — X 501(c)(3)	990-EZ, or 99	90-PF).
assets (Part III, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		K	Form of org	anization: X Corporation Trust Association Other		
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, grifts, grants, and similar amounts received 2 Programs service revenue including government fees and contracts 3 Membership dues and assessments		L	Add lines 5 assets (Pa	b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or t.ll, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	ıf total ►\$	400.
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3 Membership dues and assessments						
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17 Total expenses. Add lines 10 through 16	U J	Š '		C C-1-d-1- O		20
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			l .	expenses (describe in our conclude o)		
A LACESS OF CHERCITY FOR THE YEAR (Subdact line 17 Horn line 3)	-				 	
		A			100,700	55.
Net assets or fully balances at beginning or year (norm line 27, column (77) (most agree with end-or-year)		N S E S	19 Net a	ssets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of	-ycai	-187.
			_		 +	
		S			_ 	-132.
	-	DA.		······································	. , 2 !	Form 990-EZ (2013)



Pai	Balance Sheets (see the Inst	ructions for Part II)	estion in this Part II			X
	Oncox is the organization about our	out of the cope in the sairy qu		A) Beginning of year	r T	(B) End of year
22	Cash, savings, and investments			133.	22	188.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			133.	25	188.
26	Total liabilities (describe in Schedule O)	See Schedule	e0	320.	26	320.
27	Net assets or fund balances (line 27 of			-187.	27	-132.
Par	Statement of Program Service Ac Check if the organization used Sci					Expenses urred for section 501
What	s the organization's primary exempt purpose? See	Schedule O	·· · · · · · · · · · · · · · · · ·		(c)(3)) and 501(c)(4) nizations and section
Desc meas	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of emanner, describe the servi	its three largest prograces provided, the numb	m services, as per of persons	4947	(a)(1) trusts; optional thers)
28	To pursue the development				$\neg \neg$	
	reproductive health servi					
	(Grants \$) If th	is amount includes foreign g	rants, check here		28 a	345.
29						
	(Grants \$) If th	is amount includes foreign g	rants shock here	╼╼╼╼╼┲┲┪	29 a	
30	(Grants \$) It till	is amount includes loreigh g	Tarits, Check here .	· · · · · · · · · · · · · · · · · · ·	29 a	····
3 0						
						
	(Grants \$) If th	s amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch					.
О.	, ,	is amount includes foreign g		. ▶ 🗍	31 a	
32	Total program service expenses (add lir			🕨	32	345.
Par	List of Officers, Directors,	Trustees, and Key Emp	oloyees (list each one ever	ıf not compensated - se	e the i	nstructions for Part IV)
	Check if the organization used Sc	nedule O to respond to any	question in this Part IV.			<u></u>
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer compensation	vee i	(e) Estimated amount of other compensation
Dr.	Thomas Hilgers					
	sident	0	0.		0.	0.
Sus	an Hilgers					
Dir	ector	0	0.		0.	0.
K	Diane Daly	_	_			•
	ector	0	0.		0.	0.
	M. Prebil				ا م	0
Dir	ector	0	0.		0.	0.
						<u>. </u>
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47-0831038

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Form 990-EZ (2013) Fertility Care Centers International

<u>Ra</u>	Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sched the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.		0 <u></u>	X
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No
24	···	သ		X
34		24		.,
25	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		X
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	25		١.,
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule Q	35 b		ļ
(c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		Х
	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 tax year covered by this return?	38 a		X
ı	b If 'Yes,' complete Schedule L, Part II and enter the total			
	amount involved		A	
39	Section 501(c)(7) organizations. Enter:	2	200	No.
	a Initiation fees and capital contributions included on line 9	4.53	. , 4,414	
1	Gross receipts, included on line 9, for public use of club facilities 39 b		7	
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	77	11/2	- 1
-40 6		1		1.7
		1.	- 3	
•	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		Х
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization		2002	(47E)
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed		r-	
	by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	السنند	į.	
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None			
42 8	a The organization's			
	books are in care of ► Dr. Thomas Hilgers Telephone no. ► (402)	390-	<u>-660</u>	<u>0</u>
	Located at > 6901 Mercy Road Omaha NE ZIP + 4 > 68106			
H	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country:▶			
		100		
				الغرو
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			X
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.?.	42 c		
	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		- □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
	and effect the amount of tax exempt interest recovered of asserted daring the tax year.	- 1	Yes	No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
44 8	of Form 990-EZ	44 a		X
L	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed		40.00	
ľ	instead of Form 990-EZ	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		$\frac{X}{X}$
	-			
•	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
4 5 -	Pid the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X
	Did the organization have a controlled entity of the organization within the infeating of section orzhoftof			4 h
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'		1.5	

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46	Did the organization engage, directly or indire candidates for public office? If 'Yes,' complet	ectly, in political campa e Schedule C, Part I…	ign activities on behalf	of or in opposition to	46 X
Parl	Section 501(c)(3) organization All section 501(c)(3) organizati for lines 50 and 51.	s only ons must answer q	uestions 47-49b an	d 52, and complete	the tables
	Check if the organization used Schedu	lle O to respond to any	question in this Part VI		
	Did the organization engage in lobbying activities complete Schedule C, Part II	•		the tax year? If 'Yes,'	Yes No
	Is the organization a school as described in s	 ection 170(b)(1)(A)(۱۱)?		edule E	47 X 48 X
	Did the organization make any transfers to ar				49a X
50	If 'Yes,' was the related organization a sectio Complete this table for the organization's five hig employees) who each received more than \$100,0	hest compensated emplo	oyees (other than officers, the organization. If there	directors, trustees and ke	. 49 b
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None	2	-			
		-			
		-			
		1			
51 (Total number of other employees paid over \$ Complete this table for the organization's five hig compensation from the organization. If there	hest compensated independent	endent contractors who ea	ach received more than \$10	00,000 of
	(a) Name and business address of each independent of	ontractor	(b) Type	of service	(c) Compensation
None					
	_ 				
ď	Total number of other independent contractors	s each receiving over \$	100,000		
(Old the organization complete Schedule A? N Charitable trusts must attach a completed Sch	edule∕A			► XYes No
Under a			dules and statements, and to the	best of my knowledge and belie	f, it is
	enalties of perjury, I declare that I have examined this return, rect, and complete Declaration of preparer (other, than office	is lased on all information of	of which preparer has any knowle	edge	
true, cor	I WING HIL	is lasted on all information of	of which preparer has any knowledge	1 2 - 8	7-19- A
true, còr Sign	enalties of perjury, Infeliare that I have examined this return rect, and complete period and preparer (other than office) Signature of officer	including accompanying scher	of which preparer has any knowle	Date POM	ide A
true, cor	I WING HIL	including accompanying scher i js lyssed on all information of	of which preparer has any knowle	1 2 - 8	dent
true, còr Sign	Signature of officer Thomas W. Hilger	Preparer's Ignature	Date	Date POS	dent
Sign Here	Signature of officer Two new W, Hilger Type or print name and title	JANEN 3	Date	Date POS	dent
Sign Here Paid Prepa	Signature of officer Type or print name and title Print/Type preparer's name Michael McFarlin Firm's name McFarlin & Brok	Preparer's Ignature Michael McFarl ke, P.C.	in Date 5.6 .	Date PO	00629098
Sign Here	Signature of officer Type or print name and title Print/Type preparer's name Michael McFarlin Firm's name McFarlin & Brok 1910 South 72nd	Preparer's gnature Michael McFarl ke, P.C. St., Suite 200	in Date 5.6 .	Date Check rf PTII	00629098 47-0543458
Sign Here Paid Prepal Use 0	Signature of officer Type or print name and trile Print/Type preparer's name Michael McFarlin Firm's name ► McFarlin & Brok Firm's address ► 1910 South 72nd Omaha, NE 68124	Preparer's Ignature Michael McFarl ke, P.C. St., Suite 200 -1734	Date 5.6	Date PO	N 00629098 47-0543458 0) 341-9441
Sign Here Paid Prepal Use 0	Signature of officer Type or print name and title Print/Type preparer's name Michael McFarlin Firm's name McFarlin & Brok 1910 South 72nd	Preparer's Ignature Michael McFarl ke, P.C. St., Suite 200 -1734	Date 5.6	Date Check rf PTII	00629098 47-0543458

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047



Employer identification number

Fer	ti.	lity Care Cer	nters Internat	ional _					47-08	3310 <u>3</u> 8	3	
Par	til i	Reason for Pu	blic Charity Status	s (All organizations	must (comple	ete this	part.)) See ii	nstruct	ions.	
The (orga	nization is not a pri	vate foundation becau	se it is: (For lines 1 thro	ugh 11,	check c	nly one	box.)				
1		A church, convents	on of churches or asso	ociation of churches des	cribed in	n sectio	n 170(b)	(1)(A)(1)).			
2	П	A school described	in section 170(b)(1)(A	(Attach Schedule E	Ξ.)							
3	П	A hospital or a coo	perative hospital servi	ce organization describe	ed in se	ction 17	0(Ь)(1)(А	A)(iii).				
4	П	A medical research	organization operated	d in conjunction with a h	nospital	describe	d in sec	tion 17	'0(b)(1)(A)(iii) . Er	nter the hos	pital's
		name, city, and sta	nte:									
5		An organization ope 170(b)(1)(A)(iv). (C	rated for the benefit of a	college or university own	ned or op	erated by	y a gove	rnmenta	I unit des	cribed in	section	
6	П			jovernmental unit descri	ibed in s	section ²	1 70(b)(1))(A)(v).				
7		An organization that in section 170(b)(1)	normally receives a sub XA)(vi). (Complete Pa	estantial part of its suppor art II.)	t from a	governm	ental un	it or fron	n the ger	eral publ	lic described	i
8	Ш	A community trust	described in section 1	70(b)(1)(A)(vi). (Comple	te Part	II.)						
9	X	from activities relate investment income June 30, 1975. See	d to its exempt functions and unrelated busines section 509(a)(2). (Co		eptions, section	and (2) r 511 tax)	no more) from b	than 33- usiness	es acqui	ts suddo	rt from aross	5
10				exclusively to test for pu								
11		An organization orga more publicly supp describes the type	enized and operated exc orted organizations de of supporting organiza	lusively for the benefit of, scribed in section 509(a ition and complete lines	to perfo a)(1) or s 11e thr	rm the fu section to ough 11	inctions (509(a)(2 h	of, or ca) See s	rry out th section 5	e purpos 509(a)(3)	es of one or . Check the	box that
		a ∏ Type I		: Type III – Function				d 🗍 🤅	Type III -	– Non-fu	unctionally i	integrated
е		By checking this be	عد الساء. ov I certify that the org	ganization is not control lan one or more publicly s	led direction	ctly or in d organiz	directly ations d	by one escribed	or more I in section	dısqualı on 509(a)	fied person (1) or	IS
f			eceived a written determ	nation from the IRS that	ıs a Type	e I, Type	II or Typ	e III sup	porting o	rganızatı	on,	🗆
g			006 has the organizat	ion accepted any gift o	r contrib	oution fr	om anv	of the f	ollowina	persons	?	-
9		011100 / luguot 17, 2	ood, noo are organisas.							•	Ī	Yes No
		(i) A person who below, the go	o directly or indirectly overning body of the su	controls, either alone or ipported organization?	togethe	r with pe	ersons d	lescribe · · ·	d ın (ıi) : 	and (III)	11 g (i)	
		(ii) A family mem	nber of a person descr	ibed in (i) above?					•		11 g (ii)	
		• •		described in (i) or (ii) a	hove?						11 g (iii)	_
h		• •		ne supported organization		•	• • •				119(11)	
•	_	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organia column (is the zation in (i) listed in overning	(v) Did yo the organ column (supp	ization in	(vi) i organiz colun organize U S	ation in	(vii) Amount supp	of monetary port
				, "	docu	ment?	-	г				
				<u> </u>	Yes	No	Yes	No	Yes	No		
(A)			_									
(B)						<u> </u>		!	<u> </u>	i		
(C)					ļ	ļ .						
(D)		····										
Œ)												
			3 3 3 3 3 4 3 4		17.03			9.52	25.00			
Total								1.0		. · · · · · · ·		

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

<u>Se</u>	ction A. Public Support						
Cal beg	endar year (or fiscal year jinning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not 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						
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, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Calo beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
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.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related active	rities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th		ax year as a sectio	n 501(c)(3)	. ► 🔲
	tion C. Computation of Pu						
	Public support percentage for 20	• •	• • • • • • • • • • • • • • • • • • • •		• • • • •	14	<u>%</u> %
	Public support percentage from					15	
	a 33-1/3% support test — 2013. If and stop here. The organization	qualifies as a pub	olicly supported o	organization			. ► 📋
1	o 33-1/3% support test — 2012. If the and stop here. The organization	the organization d qualifies as a put	id not check a bo olicly supported o	ox on line 13 or 16 or 16 or 15 or 16 or 1	a, and line 15 is 3 · · · ·	33-1/3% or more, c	heck this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstance	s' test, check this	box and stop here	e. Explain in Part I'	V how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	and-circumstance test. The organiza	s' test, check this ation qualifies as a	box and stop her e a publicly supporte	e. Explain in Part l' ed organization	V how the ►
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a, ————	or 17b, check this	s box and see instr	ructions ►
ЗАА					Sch	edule A (Form 990	or 990-F7) 2013

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Calen	ndar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees		· · · · ·	·			
	received. (Do not include any 'unusual grants')	725.	400.	800.		400.	2 225
2	Gross receipts from admis-	125.	400.	800.		400.	2,325.
_	sions, merchandise sold or				İ		
	services performed, or facilities furnished in any activity that is						
	related to the organization's						_
3	tax-exempt purpose Gross receipts from activities						0.
_	that are not an unrelated trade						
4	or business under section 513 Tax revenues levied for the					······	0.
•	organization's benefit and						
	either paid to or expended on its behalf						0.
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge .						0.
	Total. Add lines 1 through 5.	725.	400.	800.	0.	400.	2,325.
/ a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons.	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that		i				
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)						2,325.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	725.	400.	800.	0.	400.	2,325.
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
					I	I	
	royalties and income from similar sources.				İ		0.
b	similar sources Unrelated business taxable						0.
b	similar sources Unrelated business taxable income (less section 511						
-	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0.	0.	0.	
c	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	0.	0.	0.	0.	0.	0.
c	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	0.	0.	0.	0.	0.	0.
11	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
11	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of	0.	0.	0.	0.	0.	0.
11	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include	0.	0.	0.	0.	0.	0. 0. 0.
11 12	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12.)	725.	400.	800.	0.	400.	0. 0. 0. 2,325.
11 12	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	725 . is for the organiza	400.	800.	0. fifth tax year as	400 . a section 501(c)(3	0. 0. 0. 2,325.
11 12 13 14 Sec	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	725. is for the organiza stop here	400. ition's first, second	800. d, third, fourth, or	0. fifth tax year as	400 . a section 501(c)(0. 0. 0. 2,325. 3) ► X
11 12 13 14 Sec 15	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add lins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	725 . is for the organiza stop here blic Support P 13 (line 8, column	400. ition's first, second ercentage in (f) divided by line	800. d, third, fourth, or	0. fifth tax year as	400. a section 501(c)(:	0. 0. 0. 2,325. 3) ► X
11 12 13 14 Sec 15 16	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add lins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 2	725. is for the organiza stop here blic Support P 13 (line 8, column 2012 Schedule A,	400. Ition's first, second ercentage In (f) divided by line Part III, line 15	800. d, third, fourth, or 	0. fifth tax year as	400 . a section 501(c)(0. 0. 0. 2,325. 3) ► X
11 12 13 14 Sect 15 16 Sect	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add lins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	725. is for the organiza stop here Diic Support P 13 (line 8, column 2012 Schedule A, estment Incon	400. Ition's first, second ercentage (f) divided by line Part III, line 15 ne Percentage	800. d, third, fourth, or 	0. fifth tax year as	400. a section 501(c)(3	0. 0. 0. 2,325. 3) ► X
11 12 13 14 Sec 15 16 Sec 17	Similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add lins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 2	725. is for the organiza stop here blic Support P 13 (line 8, column 2012 Schedule A, estment Incon or 2013 (line 10c,	400. Intion's first, second ercentage In (f) divided by line Part III, line 15 Ine Percentage column (f) divided	800. d, third, fourth, or e 13, column (f)).	0. fifth tax year as	400. a section 501(c)(3 15 16	0. 0. 0. 2,325. 3). ► X
11 12 13 14 Sec 15 16 Sec 17 18	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add lins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage fi	725. is for the organiza stop here Diic Support P 13 (line 8, column 2012 Schedule A, estment Incon or 2013 (line 10c, rom 2012 Schedul	400. ation's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line	800. d, third, fourth, or e 13, column (f)).	fifth tax year as	400. a section 501(c)(3 15 16	0. 0. 0. 2,325. 3) ► X 8 8
11 12 13 14 Sec 15 16 Sec 17 18 19a	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add lins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 2 tion D. Computation of Inv Investment income percentage fi Investment income percentage fi 33-1/3% support tests — 2013. If is not more than 33-1/3%, check	is for the organiza stop here Dic Support P I3 (line 8, column 2012 Schedule A, estment Incon or 2013 (line 10c, rom 2012 Schedul the organization this box and stop	### ### ##############################	800. d, third, fourth, or e 13, column (f)). d by line 13, column 17 box on line 14, ar zation qualifies as	fifth tax year as nn (f)). and line 15 is more as a publicly support	400. a section 501(c)(3	0. 0. 2,325. 3) ► X 8 8
11 12 13 14 Sec 15 16 Sec 17 18 19a	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 21 Investment income percentage for 33-1/3% support tests — 2013. If	is for the organizastop here Solic Support P 13 (line 8, column 2012 Schedule A, estment Incomor 2013 (line 10c, rom 2012 Schedul the organization this box and stop the organization of t	400. Intion's first, second ercentage In (f) divided by line Part III, line 15 Interpreted to the properties of the	800. d, third, fourth, or e 13, column (f)). d by line 13, column 17 box on line 14, ar zation qualifies as	fifth tax year as form (f)) and line 15 is more as publicly suppose 19a, and line 1	400. a section 501(c)(3	0. 0. 0. 2,325. 3)

Schedule A	(Form 990 or 990-EZ) 2013	Fertility	Care Center:	s International	47-0831038	Page 4
Pardy,	Supplemental Informati or 17b; and Part III, line (See instructions).	on. Provide t 12. Also com	he explanations plete this part	s required by Part II, I for any additional info	ine 10; Part II, line 17a rmation.	
-						
						_
				. 		_
						-

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is

2013

Opinio Rubita

Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

<u>Fer</u>	tility Care Centers International	47-0831038	
	Form 990-EZ, Part III - Organization's Primary Exempt Purpose		
	To pursue the development of morally and professionally accepta	ble_reproductive	
	health_services.		
	Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts	
	(a) Did the organization, during the year, receive any funds,	directly or	_ _ _
	indirectly, to pay premiums on a personal benefit contract?	No	
	(b) Did the organization, during the year, pay premiums, direc	tly or	
	indirectly, on a personal benefit contract?	No	
	·		
			_ _ _
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2013	Schedule O - Supplemental	Information	Page 2
Client FCCI	Fertility Care Centers Interna	ational	47-0831038
5/05/14			01:06PM
Form 990-EZ, Part I, Line Other Expenses	: 16		
Other Taxes		Total <u>\$</u>	20. 20.
Form 990-EZ, Part II, Lind Total Liabilities	e 26		
Payable to Officers,	, Directors, Etc	Beginning 320. \$ 320. \$ \$	Ending 320. 320.