Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545 0047 **2018**

Open to Public

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public.

Inte	nai Kev	venue Service	Go to www.irs.gov/Form990 for instructions and ti	ne latest inic	ormation	•		pection	
A	For t	he 2018 calend	lar year, or tax year beginning , 2018,	and ending			,		
В	Check	of applicable	С			D Employer:	dentification n	umber	
		Address change	PREGNANCY RESOURCES			36-36	99951		
	\vdash		2706 WEST CENTRAL PARK AVE		ł	E Telephone			
		lame change	DAVENPORT, IA 52804						
	Ir	nitial return	DAVENIONI, IN 52004	•	ļ	(563)	386-37	37	
	Fı	inal return/terminated							
	Па	mended return				G Gross rece	ıpts \$	622.	296.
	-	application pending	F Name and address of principal officer	ĪH	(a) Is this a	group return for		Yes	X No
	⊔^	pplication pending	* -			subordinates inc		Yes	No
			SAME AS C ABOVE		2 If "No."	attach a list (se	e instructions)		
<u> </u>	lax	-exempt status	X 501(c)(3) 501(c) () ((Insert no) 4947(a)(1) or	527	9				
J	We	ebsite: 🕨 WW	W.QCPREGNANCY.ORG	О]н	(c) Group 6	exemption numb	er ►		
ĸ	Forr	m of organization	X Corporation Trust Association Other	Year of formation	1989	M State	e of legal domic	ole IL	
Pa	nt I	Summar	v			<u> </u>			
	1		be the organization's mission or most significant activities ENA	ARITNG C	LIENTS	S TO REC	ETVE EL	TTATI	ON
	1		ICES TO MAKE INFORMED DECISIONS REGARDI					:001111	
Activities & Governance		VID DEIG	TEED TO MAKE INFORMED DECISIONS RECARD!	NO TIMO	mici.				
뎔									
ē	١.								
્ર્	2		x I if the organization discontinued its operations or dispos	sed of more-t	nan, 25 %				_
<u>ن</u>	3		ting members of the governing body (Part VI, line 1a)			 	35\		
S	4		dependent voting members of the governing body (Part VI, line 1)	0) 1		\vdash ρ_{IDC} .	421		7
≝	5		of individuals employed in calendar year 2018 (Part V, line 2a)	1551	JUL O	1 2013	52		12
흦	6		of volunteers (estimate if necessary)	(8) (8)		_	6-\		55
¥			d business revenue from Part VIII, column (C), line 12	_القال_		ינו וא	7a \		0.
	b	Net unrelated	business taxable income from Form 990-T, line 38	1 6	DODE		76		0.
				ئىسا	Pı	rior Year	Cu	rrent Ye	ar
•	8	Contributions	and grants (Part VIII, line 1h)			648,30	5.	622,	251.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)			•			
, ş	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)			4.9	9.		45.
æ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				1		
ľ	12		- add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)		648,354	4	622.	296.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	 	12,000			800.
	14		to or for members (Part IX, column (A), line 4)			12,000			
	ł			10)		076 20			25.4
ø,	15		r compensation, employee benefits (Part IX, column (A), lines 5	5-10)		276,394	4.	<u> 286,</u>	254.
Expenses	16 a	Professional f	undraising fees (Part IX, column (A), line 11e)		•				
e Be	ь	Total fundrais	ing expenses (Part IX, column (D), line 25) ► 5	58,219.					
Щ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	30,223.		207 909		247	171.
	Í .	-				207,808	_		
	18	•	s Add lines 13-17 (must equal Part IX, column (A), line 25)			496,202	_		225.
	19	Revenue less	expenses Subtract line 18 from line 12			152,152	2.	<u>78,</u>	071.
ზ წ			•		Beginnin	g of Current Ye		id of Yea	ır
a de	20	Total assets (Part X, line 16)			942,493	3.	974,	921.
Assets Balanc	21	Total liabilities	s (Part X, line 26)			405,010		359.	373.
ž.	22	Not accets or	fund balances Subtract line 21 from line 20			537,47			
					L .	331,41	<u>/ - </u>	613,	548.
	art II		e Block		•	 -			_
Unde	er penali	ties of perjury, I decl	are that I have examined this return, including accompanying schedules and statements, a rer (other than officer) is based on al <u>l</u> information of which preparer has any knowled	and to the best of	my knowled	ge and befief, it i	s true, correct, a	ınd	
	picte D	occidiation of prepar	ter (other than officer) is based on an information of which preparer has any knowed			1/00	-/,a-		
			and read			6/20	<u> </u>		
Sig	n	Signatu	of officer		Dat	te 9	l '		
He		JEA	NETTE PEUTZ		TREAS	SURER			
			print name and title		1100110	<u> </u>			
		Print/Type n	reparer's name	, Date ,			f PTIN		
		1	The was to the	150 /20	1/10	Check ı	"		
Pa			RLY S HOFFMAN CPA KIMBERLY & HOFFMAN CPA	1 10/04	7/7	self-employed	P0024	1/359	
	epar		► HOFFMAN & TRANEL, PC		<u>'</u>				
Us	e Or	nly Firm's addre	ss - 4709 44TH STREET, STE #8			Firm's EIN	81-2117	022	
			ROCK ISLAND, IL 61201	-			309) 798		
Mar	v the	IRS discuss the	s return with the preparer shown above? (see instructions)				X Y		No
IVIO	,	ii vo diacuaa lili	3 letain with the preparer shown above. (See instructions)					-J	140 _

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

36-3699951

Page 2

Form 990 (2018)

PREGNANCY RESOURCES

Form 990 (2018) PREGNANCY RESOURCES Partily Checklist of Required Schedules

* Albert	inite de la company de la comp		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
;	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
l	b 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	11 b		X
•	c 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	11 c		Х
•	d 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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> X</u>
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
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		X
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		
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
BAA		Form	990 (2018)

	n 990 (2018) PREGNANCY RESOURCES	36-3699951	F	age
Pa	rt IV Checklist of Required Schedules (continued)			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	Part IX, 22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organizat and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' co Schedule J			х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100 the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d a complete Schedule K. If 'No, 'go to line 25a	.000 as of		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year any tax-exempt bonds?	to defease 24c	=	
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	240	1	
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	a	Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a price that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes Schedule L, Part I	or year, and ,' complete 25b	,	х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any conformer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons if 'Yes,' complete Schedule L, Part II	urrent or 5?		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substacontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family of any of these persons? If 'Yes,' complete Schedule L, Part III	antial y member		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Painstructions for applicable filing thresholds, conditions, and exceptions)	irt IV		
á	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	•	Х
i	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	281	,	х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereo officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	280	:	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N,	Part I 31	-	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' composite N, Part II	olete 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	s sections 33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III and Part V, line 1	I, or IV,		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35 a	1	X
t	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a contr entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	olled 35t	,	
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	ed 36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organizatio treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	n and that is		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Note. All Form 990 filers are required to complete Schedule O	d 19?	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		\v	No
1 a	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	٥	Yes	NO

Check it Schedule O contains a response or note to any line in this Part V				LJ		
			Yes	No		
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	0				
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0						
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?						

Form 990 (2018) PREGNANCY RESOURCES

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

	, v				Yes	No
, 2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			***	25	4.1
	ments, filed for the calendar year ending with or within the year covered by this return	_ 2 a		12	<u>.</u>	
b	of at least one is reported on line 2a, did the organization file all required federal employment to			2 t		. 1
3 -	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instance) Did the organization have unrelated business gross income of \$1,000 or more during the year?		15)	ئى <u>ئ</u> ىنا 3 a	-	X
	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		•	3 8	+	
	At any time during the calendar year, did the organization have an interest in, or a signature of	r other	authority over, a		\vdash	
	financial account in a foreign country (such as a bank account, securities account, or other fin	ancial	account)?	4 a		X
b	olf 'Yes,' enter the name of the foreign country		`			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fina		Accounts (FBAR)			
	i Was the organization a party to a prohibited tax shelter transaction at any time during the tax y In Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		otion?	5 a		X X .
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	liarisc	iction.	50	-	
		مادامادا	o organization			
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions?	i did ti	ie organization	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	tributio	ons or gifts were	6 6		
7	Organizations that may receive deductible contributions under section 170(c).			1. 20		35.8
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and par services provided to the payor?	tly for	goods and	7 a		لاندۇھ X
b	of Yes,' did the organization notify the donor of the value of the goods or services provided?		•	7 b	_	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for whice Form 8282?	h it wa	as required to file	7 0		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		7,44	-	<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef	it conti	ract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization as required?	file Fo	orm 8899	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the or Form 1098-C?	rganıza	ation file a	71		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	ained b	by the sponsoring	نشتم		853
	organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.			عششن	324	
	Did the sponsoring organization make any taxable distributions under section 4966?	- 3		9 a	+	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person Section 501(c)(7) organizations. Enter	n ′	'	9 b		688733
	Initiation fees and capital contributions included on Part VIII, line 12	10 a				
	Gross receipts, included on Form 990, Part-VIII, line 12, for public use of club facilities	10 ь				
	Section 501(c)(12) organizations. Enter					^.]
	Gross income from members or shareholders	11 a		' مَنْنِ		5.1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 Ь				
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		041?	12 a		Silát. Zolitě
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year-	12 b		' (<u> </u>
13	_Section.501(c)(29).qualified.nonprofit.health.insurance.issuers					
а	Is the organization licensed to issue qualified health plans in more than one state?			13 a		
	Note. See the instructions for additional information the organization must report on Schedule 0)		المناه المراغ		اد شد در
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13Ь				\$
	Enter the amount of reserves on hand	13 c			نستدا	<u>آ</u>
	Did the organization receive any payments for indoor tanning services during the tax year?			14 a	-	X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So			14 b	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in reexcess parachute payment(s) during the year?	emune	eration or	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N			2345	2000	9.50 163. Val.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation	stment	income?	16		X
	If 'Yes,' complete Form 4720, Schedule O			* 37	47.77	,

X

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.

Check if Schedule O contains a response or note to any line in this Part VI

Sec	ction A. Governing Body and Management									
			Yes	No						
1 a	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		1.	2 M S						
	Enter the number of voting members included in line 1a, above, who are independent 1 b	, ,								
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	<u> </u>	X						
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		Х						
4	Did the organization make any significant changes to its governing documents									
	since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6`	Did the organization have members or stockholders?	6		Х						
7 a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?									
t	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									
8	the following									
	a The governing body?	8 a	Х							
	Each committee with authority to act on behalf of the governing body?	8 Ь	Х							
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue								
			Yes	No						
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х						
t	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b								
11 ຄ	a Has the organization provided a complete copy of this Form 990 to all membors of its govorning body before filing the form?	11 a	Х							
Ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		-	, Ç. y 1						
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х							
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O	12 c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	. X							
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?	ீள்" எள்ளில் "	վառափոնեւ	ufmaskoniqji j						
a	The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15 a	X							
b	Other officers or key employees of the organization SEE SCHEDULE O	15 b	Х							
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	•								
—16 a	a-Did-the-organization-invest-in,-contribute-assets-to,-or-participate-in-a-joint-venture-or-similar-arrangement-with-a	16 a		1 X						
t	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			T.W.						
	organization's exempt status with respect to such arrangements?	16 b								
	tion C. Disclosure									
17										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(available for public inspection. Indicate how you made these available. Check all that apply	c)(3)s (only)							
10	Own website Another's website X Upon request Other (explain in Schedule O)	ale to								
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availated the public during the tax year SEE SCHEDULE O	aie (A								
20	State the name, address, and telephone number of the person who possesses the organization's books and records EXECUTIVE DIRECTOR 2706 WEST CENTRAL PARK AVE DAVENPORT IA 52804 (563) 386	272	.7							
	EXECUTIVE DIRECTOR 2706 WEST CENTRAL PARK AVE DAVENPORT IA 52804 (563) 386	5-373	1							

BAA

Form 990 (2018)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any rel	ated orga	nızat	ion (com	pens	sated	lan	y current officer, c	lirector, or trustee	
				(C))					
(A) Name and Title	(B) Average hours	than	one both	box, an o	unles fficer truste	eck mo s perso and a ee)	oπ	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations
	$-\frac{1}{0}$	X						0.	0.	0.
(2) JUDY JAMISON	1	<u> ^</u>	\vdash						0.	<u> </u>
DIRECTOR	0	x						0.	0.	0.
(3) JEANETTE PEUTZ TREASURER	1	х		Х				0.	0.	0.
(4) JON YARIAN PRESIDENT	$-\frac{1}{0}$	х		х				0.	0.	0.
(5) SCOTT SCHAEFER DIRECTOR	$-\frac{1}{0}$	x						0.	0.	0.
	1	X		Х				0.	0.	0.
	1	X		Х				0.	0.	0.
	$-\frac{40}{0}$			Х				54,579.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)		Γ								
(14)										

TEEA0107L 08/03/18

Part VII Section A. Officers, Directors, 17		ney	Er			ees,	an	ia nignest Coi	mpensated Em	pioyee	S (continued,
(A) Name and title	Name and title per officer and a director/trustee) compe		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation						
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099 MISC)	fr orga and	pensation om the anization d related inizations
(15)		-				-				_	
(16)											
<u>(17)</u>											
(18)							-				
(19)				,							
(20)									- ****		
(21)											
(22)											
(23)											
(24)											4FL83
(25)										r	
1 b Sub-total							-	54,579.	0.		0.
c Total from continuation sheets to Part VII, Sectio	пА						-	<u>0.</u> 54,579.	0. 0.		0. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limit from the organization ○ 0	ed to thos	e list	ed a	bov	e) w	/ho re	ecei		· · · · · · · · · · · · · · · · · · ·	comper	
THOM the diganization								 -		···	Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or trus	tee, k /	сеу с	emp	loye	e, or	hıg	hest compensated	employee	3	X
4 For any individual listed on line 1a, is the sum of ithe organization and related organizations greater such individual	eportable than \$150	com 0,000	pens	satio f 'Ye	on ai	nd ot	her olete	compensation from Schedule J for	n	4	X
 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes 	compensa	ation e Scl	fron	n ar	ny ur I for	nrelat	ted	organization or inc	lividual	5	$-\frac{\lambda}{x}$
Section B. Independent Contractors	, 501.15.51		1000		,	000.,	μυ.	<u> </u>			L <u>=</u> =
Complete this table for your five highest compensation from the organization. Report comp	ated indep ensation f	ende for th	nt co e ca	ontr lenc	acto dar y	rs th	at ro endi	ing with or within t	he organization's ta	_	
Name and business addr	ess							Description of	of services	Compe	s) nsation
	·						•				
2 Total number of independent contractors (including	-	lımıte	d to	tho	se lı	sted	abo	ve) who received	more than		н
\$100,000 of compensation from the organization	<u>_</u>	TEEAG	11001	00"	02/19					Form	990 (2018)

		Check if Schedule O contains a	response or note to any	Ine in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	. (D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-	1 a				
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	622,251.			
Эще			Business Code		23.00		
Program Service Revenue	2 a b c d e						
.og	f	All other program service revenue			100 000 000 000 000 000 000 000 000 000	Secretar on the management and the transfer	DANGEROUNG THE PROPERTY THE PROPERTY OF THE PR
٩	g	Total. Add lines 2a-2f	<u> </u>		10 10 10 40 1		
	3 4 5	Investment income (including divident other similar amounts) Income from investment of tax-exerolatives	•	45.		- -	45.
ı	6 a	(i) Re.	al (II) Personal				
	С	Rental income or (loss)					
5	d Net rental income or (loss)		0.00	economistro de la companione de la compa	STAN NO LOS PRESENTANTOS (LES	80000000000000000000000000000000000000	
.·		Gross amount from sales of assets other than inventory Less cost or other basis	ities (ii) Other	ALENS AND THE STATE OF THE STAT			47.5
	_	and sales expenses Gain or (loss)					
	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				•
Other Revenue	8 a	Gross income from fundraising ever (not including \$					
her	þ	Less direct expenses	b			100	
₹	С	Net income or (loss) from fundrais	ing events	•			
		Gross income from gaming activiti See Part IV, line 19	es a				
		-Less -direct-expenses-	р		225	Zasana a	
		Net income or (loss) from gaming		the contribution and the contribution of the c	CONTROL NUMBER OF THE PARTY	22	* *** * * * * * * * * * * * * * * * *
	b	Gross sales of inventory, less retu and allowances Less cost of goods sold	b				
	С	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				A Secretary
	11 a b c					, ,	
	ч	All other revenue		 			
		Total. Add lines 11a-1/1d		·		N (S M (S) S S	Esta Constitution
		Total revenue. See instructions	•	622 296	n	n	45

Page 10

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a re	esponse or note to any	line in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,800.	10,800.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		,	W The	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	54,579.	32,747.	10,916.	10,916.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	· 0.	-· 0.
7	Other salaries and wages	210,935.	166,057.	26,544.	18,334.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		2007007.	20,011.	20,001.
9	Other employee benefits				
10	Payroll taxes	20,740.	15,556.	2,903.	2,281.
11	Fees for services (non-employees)	,	,		
а	Management				
b	Legal				
c	Accounting	9,642.	4,821.	4,821.	
d	Lobbying	3,7,5,33	-,	-1	,
е	Professional fundraising services See Part IV, line 17		100		,
	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)			12-MIN (1914) 1-10-MIN (1914) 1-10-MIN (1914) 1-10-MIN (1914) 1-10-MIN (1914) 1-10-MIN (1914) 1-10-MIN (1914)	
12	Advertising and promotion	41,007.	41,007.		
13	Office expenses	812.	812.		
14	Information technology			•	
15	Royalties -	ja v	ur 1		*
16	Occupancy	13,983.	13,284.	699.	
17	Travel	1,819.	1,819.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	•			
19	Conferences, conventions, and meetings	1,702.	1,702.		
20	Interest	18,037.	17,135.	902.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	45,028.	42,877.	2,151.	
23	Insurance	10,275.	10,275.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10%				100
	of line 25, column (A) amount, list line 24e	A SECURE ASSESSMENT			365
	expenses on Schedule O)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Arting.	A State of the Sta	
	BANQUET EXPENSE	21,405.		,	21,405.
	PRINTING AND PUBLICATIONS	14,683.	14,683.		<u> </u>
	PROGRAM SUPPLIES	14,496.	14,496.		
d	REPAIRS AND MAINTENANCE	8,747.	8,747.		·
e	All other expenses	45,535.	36,709.	3, <u>5</u> 43.	5,283.
25	Total functional expenses Add lines 1 through 24e	544,225.	433,527.	52,479.	58,219.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	-			,

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	,	279,850.	1	290,315.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		4,789.	3	14,961.
	4	Accounts receivable, net		7,176.	4	2,059.
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated em Part II of Schedule L	fficers, directors, ployees Complete		5	
	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of section 501 beneficiary organizations (see instructions) Complete I	c)(3)(B), and contributing (c)(9) voluntary employees'	Aura	6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		-	8	
As	9	Prepaid expenses and deferred charges		5,062.	9	4,870.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 802,396.			
		Less accumulated depreciation	10b 142,680.	287,068.	10 c	659,716.
Ì	11	Investments – publicly traded securities	112,000.	201,70001	11	0007.1201
	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	358,548.	15	3,000.	
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	942,493.	16	974,921.
\dashv	17	Accounts payable and accrued expenses	,	38,846.	17	8,840.
	18	Grants payable	,	18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Sa	21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and complete Part II of Schedule L	s, directors, trustees, disqualified persons		22	
_	23	Secured mortgages and notes payable to unrelated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	parties		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Compl	to related third parties, ete Part X of Schedule D	366,170.	25	350,533.
	26	Total liabilities. Add lines 17 through 25		405,016.	26	359,373.
Ses		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	here ► X and complete			
an	27	Unrestricted net assets		531,237.	27	612,548.
Bal	28	Temporarily restricted net assets		6,240.	28	3,000.
힏	29	Permanently restricted net assets	,		29	,
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), and complete lines 30 through 34.	check here ►		Ť	
S	30	Capital stock or trust principal, or current funds		30		
~ g -	31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	
As	32	Retained earnings, endowment, accumulated income, of	or other funds		32	
<u>e</u>	33	Total net assets or fund balances		537,477.	33	615,548.
	34	Total liabilities and net assets/fund balances		942,493.	34	974,921.

	•				
	n 990 (2018) PREGNANCY RESOURCES	36-369995	1	Pa	age 12
Pā	飛XI® Reconciliation of Net Assets ✓				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	- 6	522,	296.
2	Total expenses (must equal Part IX, column (A), line 25)	2		544,2	225.
3	Revenue less expenses Subtract line 2 from line 1	3		78,0	071.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		537,4	477.
5	Net unrealized gains (losses) on investments	5	-		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		- 515,!	548.
Pa	rt XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				П
1	Accounting method used to prepare the Form 990		-	Yes	No
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	wed on a			
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	_
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a septial basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis				
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	л me auum,	2 c	Х	

3 a

3 b

Form 990 (2018)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

2018

Open to Public Inspection

Employer identification number

PREGNANCY RESOURCES 36-3699951 Partil 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% 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 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 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). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (vi) Amount of other (ii) FIN (iv) Is the organization listed support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) (D) (E)

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

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

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · ·			· · ·	
	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	482,398.	485,265.	603,168.	648,305.	622,251.	2,841,387.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				•		0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge)				0.	
4	Total. Add lines 1 through 3	482,398.	485,265.	603,168.	648,305.	622,251.	2,841,387.	
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)						0.	
6	Public support. Subtract line 5 from line 4						2,841,387.	
<u>Sec</u>	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	482,398.	485,265.	603,168.	648,305.	622,251.	2,841,387.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		11.	51.	49.	45.	156.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1			-		· 0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					_	,0.	
11	Total support. Add lines 7 through 10						2,841,543.	
12	Gross receipts from related activi	ties, etc (see inst	ructions)			12	0.	
13	First five years. If the Form 990 i organization, check this box and	s for the organizat stop here	cion's first, second,	, third, fourth, or fi	fth tax year as a s	section 501(c)(3)	▶ 🗌	
Sec	tion C. Computation of Pu	blic Support I	Percentage				•	
14	Public support percentage for 20	18 (line 6, column	(f) divided by line	11, column (f))		14,	99.99%	
15	Public support percentage from 2	2017 Schedule A, F	Part II, line 14	,		15	100.00%	
16a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances teror more, and if the organization in the organization meets the 'facts-	neets the 'facts-an	id-circumstances'	test, check this bo	x and stop here	. Explain in Part V	how •	
	10%-facts-and-circumstances teror more, and if the organization rorganization meets the 'facts-and	neets the 'facts-an I-circumstances' te	nd-circumstances' est The organizati	test, check this bo on qualifies as a p	ox and stop here bublicly supported	. Explain in Part V organization	I how the	
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	, 16a, 16b, 17a, oi	r 1/b, check this b		ctions	

	fails to qualify under the te			•	alled to quality un-	der Part II II the o	rganization
Sec	tion A. Public Support	sis fisted below, p	lease complete i a	ii(ii)			
	dar year (or fiscal year beginning in)	(à) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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				,		<i>'</i>
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		1		/	/	.,
5	The value of services or facilities furnished by a governmental unit to the organization without charge					-	
	Total. Add lines 1 through 5 : Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support	,		1	T	· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 6		/		<u></u>		
IUa	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						-
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	. /					
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					,	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	·					-
	Total support. (Add lines 9,						
	First five years. If the Form 990 i organization, check this box and	stop here	·	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ 🗌
	tion C. Computation of Pu			ı			
	Public support percentage for 20	• •		: 13, column (f))		115	%
	Public support percentage from 2					16	- %
Sec	tion D. Cómputation of Inv					· •	\
17	Investment income percentage for				nn (f))	17	8
18	Investment income percentage fr					18	\ %
19a	33-1/3% support tests—2018. If the support tests—2018, if the support tests—2018, if the support tests—2018 is not more than 33-1/3%, check	he organization did this box and stop	d not check the bo here. The organiz	x on line 14, and l zation qualifies as	line 15 is more that a publicly suppor	in 33-1/3%, and lir ted organization	ne 17
, b	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%,	he organization did , check this box ar	d not check a box nd stop here. The	on line 14 or line ' organization qual	19a, and line 16 is ifies as a publicly	more than 33-1/3 supported organiz	%, and \
20	Private foundation. If the organiz	zation' did not chec	k a box on line 14	, 19a, or 19b, che	ck this box and se	e instructions	►
RΔΔ			TFFA0403I			hedule A (Form 99	000 ET 0010

Part IV Supporting Organizations

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

S

_	tion A. All Supporting Organizations		Yes	No
				1
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	*****	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	学 · · · · · · · · · · · · · · · · · · ·		
·c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		Ĩ.
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	4		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	ìaă	-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		<u> </u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a	2 6	

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

whether the organization had excess business holdings)

Pa	rt V Supporting Organizations (continued)			
		,	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	37,5°		
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	L	
Sec	ction B. Type I Supporting Organizations			
_	Dilling to the state of the sta	[789.47.2]	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		.
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
	•		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	**************************************	
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	7 %	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
	The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructio	ns)	
	The digamental supported a governmental state, and a supported a government entity (see the			
2	Activities Test Answer (a) and (b) below.	_	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	responsive?—If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		, programme som	
	substantially all of its activities	2a	در. م ^ا	2.1 00.04
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	, ,	-	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2018

BAA

Rantive Type III Non-Functionally Integrated 509(a)(3) Suppo	ung Organizations	
1 Check here if the organization satisfied the Integral Part Test as a cinstructions. All other Type III non-functionally integrated supporting	ualifying trust on Nov 20, 1970 (explair g organizations must complete Sections	n in Part VI) See s A through E
Section A – Adjusted Net Income	(A) Prior Yea	ar (B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	1
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of property by production of income (see instructions)		
7 Other expenses (see instructions)	7	-
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B — Minimum Asset Amount	(A) Prior Yea	ar (B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instruction tax year or assets held for part of year)	ns for short	
a Average monthly value of securities	· 1a	
b Average monthly cash balances	. 1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
. 2 - Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater a see instructions)	mount,	(
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	. 8	
Section C — Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A	3	
4 Enter greater of line 2 or line 3	4	53
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5'from line 4, unless subject to em temporary reduction (see instructions)	ergency 6	
• 7 Check here if the current year is the organization's first as a non-fu (see instructions)	ictionally integrated Type III supporting	organization

	tion D — Distributions	porting Organization	3 (continued)	Current Year
	Amounts paid to supported organizations to accomplish exempt pur	rnococ	<u> </u>	- Current rear
· 1				
	Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity	oses of supported organiza		1
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations ·	· .	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	·		
	Total annual distributions. Add lines 1 through 6			
, 8	Distributions to attentive supported organizations to which the organ in Part VI) See instructions	nization is responsive (pro	vide details	
9	Distributable amount for 2018 from Section C, line 6	,		•
10	Line 8 amount divided by line 9 amount	ı	-	
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6		that is starting	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018	\$ 100 miles		
a	From 2013			\$ 26 m
Ŀ	From 2014			
	From 2015		1. June 2011	種類等 企 為
	From 2016		A SEASON OF THE	A CHAPTER VERY CA
•	From 2017		ARESTA	建筑
1	f Total of lines 3a through e	,	10 mm	Water Conference of the
	Applied to underdistributions of prior years			Marie Committee
F	Applied to 2018 distributable amount			
	i Carryover from 2013 not applied (see instructions)		1 4 2 3 4 6	and the second
	Remainder Subtract lines 3g, 3h; and 3i from 3f		100	100
4	Distributions for 2018 from Section D, line 7 \$		14 THE STATE OF TH	
a	Applied to underdistributions of prior years	7. 3.0		
E	Applied to 2018 distributable amount		3 F 1 A 1	* * *
	Remainder Subtract lines 4a and 4b from 4	,		43
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		`	
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			,
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c	J	**	
8	Breakdown of line 7			MANUEL TO A
a	Excess from 2014	Market V	The state of the s	2000
	Excess from 2015	THE REAL PROPERTY.	4 6 70	1 增少源3
- · č	Excess from 2016	National Participation of the Control of the Contro		576
	Excess from 2017	1 100		TOWN TO SERVE
	Excess from 2018	1-16-14	President Constitution	22.5

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545 0047

Open to Public Inspection

Employer identification number

	PREGNANCY RESOURCES		36-3699951
Par	t Organizations Maintaining Dono	or Advised Funds or Other Similar Fu	nds or Accounts.
ļ	Complete if the organization ans	wered 'Yes' on Form 990, Part IV, line	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono are the organization's property, subject to the o	r advisors in writing that the assets held in donor rganization's exclusive legal control?	advised funds Yes No
6		, and donor advisors in writing that grant funds of the donor or donor advisor, or for any other pure	
Par		wered 'Yes' on Form 990, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , re	creation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space	J	
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in the	
			Held at the End of the Tax Year
_	Total number of conservation easements		2 a
	Total acreage restricted by conservation easem		2 b
	Number of conservation easements on a certific	` ,	2 c
•	Number of conservation easements included in structure listed in the National Register		2 d
3	Number of conservation easements modified, tr tax year ►	ansferred, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to con-	servation easement is located 🕒	_
5	Does the organization have a written policy regard and enforcement of the conservation easements	arding the periodic monitoring, inspection, handlii s it holds?	ng of violations, Yes No
6	Staff and volunteer hours devoted to monitoring	, inspecting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, ins ▶\$	pecting, handling of violations, and enforcing cor	nservation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repo include, if applicable, the text of the footnote to conservation easements	rts conservation easements in its revenue and e the organization's financial statements that desc	xpense statement, and balance sheet, and ribes the organization's accounting for
Par	t III Organizations Maintaining Collect Complete if the organization ans	ions of Art, Historical Treasures, or Oth wered 'Yes' on Form 990, Part IV, line	er Similar Assets. e 8.
1 a	If the organization elected, as permitted under sart, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, education, or research	statement and balance sheet works of in furtherance of public service, provide,
ŀ	 If the organization elected, as permitted under shipstorical treasures, or other similar assets held following amounts relating to these items 	SFAS 116 (ASC 958), to report in its revenue sta for public exhibition, education, or research in fi	
	(i) Revenue included on Form 990, Part VIII, I	ne 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art amounts required to be reported under SFAS 1		rinancial gain, provide the following
ā	Revenue included on Form 990, Part VIII, line 1		> \$
ŧ	Assets included in Form 990, Part X		► \$

Rart\IIII Organizations Maintaining Co	<u>llections of Art, Historic</u>	cal Treasures, or Oth	er Similar Assets (contin	ued)	
3 Using the organization's acquisition, accessitems (check all that apply)	sion, and other records, chec	ck any of the following tha	at are a significant use i	of its co	llection	
a Public exhibition	d Loan	or exchange programs				
b Scholarly research	e Other					
c Preservation for future generations	_					
4 Provide a description of the organization's Part XIII	collections and explain how t	they further the organizati	ion's exempt purpose in	1		
5 During the year, did the organization solicit to be sold to raise funds rather than to be	maintained as part of the org	anization's collection?		Yes	[No
Rart Va Escrow and Custodial Arranger	nents. Complete if the o t on Form 990, Part X,	rganization answered line 21.	'Yes' on Form 990, 	Part I	V, 	
1 a is the organization an agent, trustee, custo on Form 990, Part X?	odian or other intermediary fo	or contributions or other a	ssets not included	Yes	٢	No
b If 'Yes,' explain the arrangement in Part X	III and complete the following	j table	'			_
· · · · · · · · · · · · · · · · · · ·				Amount		
c Beginning balance			1 c			-
d Additions during the year			1 d			
e Distributions during the year			1 e			
f Ending balance			1 f			
2 a Did the organization include an amount on	Form 990, Part X, line 21, fo	or escrow or custodial acc	count liability?	Yes		No
b If 'Yes,' explain the arrangement in Part X			L			_
I						
Partiva Endowment Funds. Complete						
	urrent year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) h	our years	s back
1 a Beginning of year balance				-		
b Contributions				.		
c Net investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the cu	irrent year end balance (line	1g, column (a)) held as				
a Board designated or quasi-endowment	%					
b Permanent endowment ►	%					
c Temporarily restricted endowment	%					
The percentages on lines 2a, 2b, and 2c si						
3a Are there endowment funds not in the possorganization by	session of the organization th	at are held and administe	ered for the	Γ	Yes	No
(i) unrelated organizations				3a(i)		
(ii) related organizations		·		3a(ii)		
b If 'Yes' on line 3a(ii), are the related organ	izations listed as required on	Schedule R?		3b		
4 Describe in Part XIII the intended uses of t						
PartiVII Land, Buildings, and Equip		 				
Complete if the organization		n 990, Part IV, line	11a. See Form 990), Part	X, lın	e 10
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	
1 a Land		99, 782.		-		<u>,782.</u>
b Buildings		459,361.	25,263.			<u>,098.</u>
c Leasehold improvements		45,129.	24,894.		20	<u>,235.</u>
d Equipment		198,124.	92,523.		105	<u>,601.</u>
e Other						
Total. Add lines 1a through 1e (Column (d) must	st equal Form 990, Part X, co	olumn (B), line 10c)	•			<u>,716.</u>
BAA			Sched	ule D (F	orm 99	90) 2018

Part VIII Investments — Other Securities.	Weet on Form OOC	N/A Note: N/A Note: N/A Note: N/A Note: N/A Note: N/A	10
(a) Description of security or category (including name of security)	(b) Book value	O, Part IV, line 11b. See Form 990, Part X, li (c) Method of valuation Cost or end-of-year market value	
	(D) DUUK Value	(C) METHOD OF VARIABIENT COST OF EIRC-DE-YEAR HIGHER VALUE	<u>e </u>
(1) Financial derivatives (2) Closely-held equity interests	 		
(2) Closely-nela equity interests (3) Other	· · · · ·		
	,	-	
(<u>A)</u> (B)			
(C)			-
(D)	<u> </u>		
(E)	<u> </u>	,	
(F)		-	
(G)	<u> </u>		
(H)	i .	,	
(1)		·	
Total (Column (b) must equal Form 990, Part X, column (B) line 12)			6.4 0 0
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered), Part IV, line 11c. See Form 990, Part X, li	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	. value
(1)	ļ	· ·	
(2)	<u> </u>		
(3)	 		
(4)	 		
(5)	 '	-	
(6)	·	``	
(7) (8)		 	
(8)	,		
(10)	ſ 	, , , , , , , , , , , , , , , , , , , ,	
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			S STATE OF
Part IX Other Assets	N/A		
Complete if the organization answered 'Ye	es' on Form 990, Fa	art IV, line 11d. See Form 990, Part X, line 15	1 - 2
	scription	(b) Book va	alue
(1) (2)		-	
	**		
(4)	·		
(5)		(,	
(6)			
(7)	_ ,		
(8)			
(9)	-		
/ 1111		>	
 	· 15)	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, column (B)	line 15)		
Total. (Column (b) must equal Form 990, Part X, column (B) Part:X Other Liabilities. Complete if the organization answered 'Yes' on Figure 1.		1e or 11f. See Form 990, Part X, line 25 .	<u>-</u>
Total. (Column (b) must equal Form 990, Part X, column (B) Part:X Other Liabilities. Complete if the organization answered 'Yes' on Figure 1. (a) Description of liability		1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) Part:X Other Liabilities. Complete if the organization answered 'Yes' on Fi (a) Description of liability (1) Federal income taxes	orm 990, Part IV, line 1 (b) Book value		
Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description of liability (1) Federal income taxes (2) MORTGAGE PAYABLE	Form 990, Part IV, line 1 (b) Book value		
Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description of liability (1) Federal income taxes (2) MORTGAGE PAYABLE (3)	orm 990, Part IV, line 1 (b) Book value		
Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description of liability (1) Federal income taxes (2) MORTGAGE PAYABLE (3) (4)	orm 990, Part IV, line 1 (b) Book value		
Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description of liability (1) Federal income taxes (2) MORTGAGE PAYABLE (3) (4) (5)	orm 990, Part IV, line 1 (b) Book value		
Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description of liability (1) Federal income taxes (2) MORTGAGE PAYABLE (3) (4) (5) (6)	orm 990, Part IV, line 1 (b) Book value		
Total. (Column (b) must equal Form 990, Part X, column (B) Part:X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description of liability (1) Federal income taxes (2) MORTGAGE PAYABLE (3) (4) (5)	orm 990, Part IV, line 1 (b) Book value		

Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(10) (11)

350,533.

Part-XI Reconciliation of Revenue per Audited Financial	Statements With Revenue po	er Return.	
Complete if the organization answered 'Yes' on	Form 990, Part IV, line 12	a	
1 Total revenue, gains, and other support per audited financial staten	nents	1	622,296.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a	1	
b Donated services and use of facilities	2 b	1,100	
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	622,296.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	 -	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Pa	rt I, line 12)	5	622,296.
RarteXII Reconciliation of Expenses per Audited Financial	Statements With Expenses	per Return.	
Complete if the organization answered 'Yes' on	Form 990, Part IV, line 12	a	
1 Total expenses and losses per audited financial statements		1	544,225
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	V		
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	544,225.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			-
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, P.	ort I lino IU \	5	544.225.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

Part XIII Supplemental Information.

IN ACCORDANCE WITH THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS

CODIFICATION, MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED

THAT THE ORGANIZATION HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO

UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.

THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED ON THE

FINANCIALS STATEMENTS. WITH FEW EXCPETIONS, THE ORGANIZATION IS NO LONGER SUBJECT

TO INCOME TAX EXAMINATIONS BY U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEAR

BAA

Schedule D (Form 990) 2018

Page 5

PART X - FIN 48 FOOTNOTE (CONTINUED)

PRIOR TO 2014.

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545 0047

)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

PREGNANCY RESOURCES

Employer identification number

36-3699951

FORM 990. PART VI. LINE 11B - FORM 990 REVIEW PROCESS

THE RETURN SHALL BE REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER AND THEN PRESENTED TO ALL BOARD MEMBERS EITHER VIA E-MAIL OR BY PAPER COPY PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION REQUIRES ALL PERSONS WORKING WITH THE CENTER TO COMPLY WITH THE

CONFLICT OF INTEREST POLICY BY DISCLOSING ANY TRANSACTION OR ARRANGEMENT THAT MIGHT

BENEFIT THE PRIVATE INTEREST OF AN OFFICER, DIRECTOR, STAFF, OR RELATIVE. THE

ORGANIATION OBTAINS COMPETING QUOTES AND LOGS ALL BOARD NOTES REGARDING

TRANSACTIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE COMPENSATION SYSTEM IS BASED ON MARKET PLACE COMPARISON USING INFORMATION FROM
THE DEPARTMENT OF LABOR. THE COMPENSATION STRUCTURE IS LINKED TO JOB PERFORMANCE.
THE EXECUTIVE DIRECTOR'S JOB PERFORMANCE IS OVERSEEN BY THE BOARD OF DIRECTORS
EXECUTIVE COMMITTEE. SALARY RECOMMENDATIONS ARE THEN MADE TO THE BOARD OF DIRECTORS
FOR APPROVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE COMPENSATION SYSTEM IS BASED ON MARKET PLACE COMPARISON USING INFORMATION FROM

THE DEPARTMENT OF LABOR. THE COMPENSATION STRUCTURE IS LINKED TO JOB PERFORMANCE.

THE EXECUTIVE DIRECTOR'S JOB PERFORMANCE IS OVERSEEN BY THE BOARD OF DIRECTORS

EXECUTIVE COMMITTEE. SALARY RECOMMENDATIONS ARE THEN MADE TO THE BOARD OF DIRECTORS

FOR APPROVAL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST, DURING REGULAR BUSINESS HOURS.