| Department of the Transmission A For the 2009 of B Check if applicable Address change Name change Initial return Termination Amended return Application pending | Invice The organization may have to use a copy of this return to s Comparison Present of organization And ending Please Comparison PREGNANCY AID AND Use IRS Information CENTER INC Isbel or print or type. Doing Business As Information televered to street address) See 59 THOMPSON STREET City or town, state or country, and ZIP + 4 | Roon | | D Emplo | Open to Public Inspection |
|---|---|---|---------------------------------|--|---|
| B Check if applicable Address change Name change Initial retum Termination Amended return | Please use IRS label or print or C Name of organization PREGNANCY AID AND INFORMATION CENTER INC Doing Business As INFORMATION CENTER INC Doing Business As Doing Business As type. Number and street (or P 0 box if mail is not delivered to street address) See 59 THOMPSON STREET City or town, state or country, and ZIP + 4 | Roon | | • | yer Identification number |
| Initial return Termination Amended return | type. Number and street (or P O box if mail is not delivered to street address) See 59 THOMPSON STREET Specific instructory City or town, state or country, and ZIP + 4 | Room | | | 2539714 |
| Amended return | Specific City or town, state or country, and ZIP + 4 | | v/suite E | E Telepho | one number |
| | | | | G Gross recei | <u>-526-8121</u> pts\$57,917 |
| | | | | affiliates H(b) Are all a includes | affiliates 🗖 🗤 🗖 🗤 |
| I Tax-exempt stat | tus X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 N/A | | | -I(c) Group e | exemption number 🕨 |
| K Type of organizatio | on X Corporation Trust Association Other ► | L Year of f | ormation | | M State of legal domicile N |
| Part I S | Summary | | | | |
| THE C 2 Check t | P WOMEN & CHILDREN IN CRISIS SITUATIONS. ASSIS IR UNBORN CHILDREN TO TERM. INFORM THE PUBLIC this box ▶ _ if the organization discontinued its operations or disposed of more r of voting members of the governing body (Part VI, line 1a) | OF PREGNAN | CY AID | | s |
| ~ | r of independent voting members of the governing body (Part VI, line 1a) | •• • | | 4 | |
| | umber of employees (Part V, line 2a) | | | 5 | 0 |
| 6 Total ni | umber of volunteers (estimate if necessary) | • • • • • • • • | | 8 | |
| 🖣 7a Total gi | oss unrelated business revenue from Part VIII column C. Jue 12 | ······································ | ••• | 7a | |
| | elated business taxable income from Form 990-T, lin 54ECEIVED. | <u> </u> | · <u> </u> | 7b | |
| | | | Prior Year | -100 | Current Year |
| 9 Program | | | | ,123 | 56,10 |
| 11 Other r | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10 | ≠↓ | | | |
| | wenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) | | 29 | ,949 | 57,91 |
| | s paid to or for members (Part IX, column (A), lines 1-3) | | | | |
| 45 Colorio | s, other compensation, employee benefits (Part IX, column (A), lines 5–10) | · · · · · · | | | |
| ø | ional fundraising fees (Part IX, column (A), line 11e) | | | | |
| 👼 b Total fu | ndraising expenses (Part IX, column (D), line 25) ► 1, 11 | 1 | | | |
| ພິ 17 Othere | xpenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | | ,857 | 54,24 |
| 18 Total ex | penses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | | <u>,857</u> | 54,248 |
| | e less expenses. Subtract line 18 from line 12 | | | ,908 | 3,66 |
| 8년 20 Total of | Part V line 16) | Degi | nning of Currer | ,071 | End of Year 162,74 |
| 6 <u>.9</u> | ssets (Part X, line 16) ibilities (Part X, line 26) | · } | | <u>· · · -</u> - | |
| 21 Net ass | ets or fund balances. Subtract line 21 from line 20 | · · | 159 | ,071 | 162,74 |
| | Signature Block | | | | |
| | nder penalties of perjury, I declare that I have examined this return, including accompanying ind belief, it is true, correct, and complete Declaration of preparer (other than officer) is based | schedules and state on all information (| ments, and to of which prepa | the best of rer has any | my knowledge knowledge |
| Sign | Unistie Manare | | | ` | 7/28/10 |
| Here | Signature of officer Mristine Manara dived | in | | Date | |
| | Type or pnnt name and title | | | <u> </u> | Descende stande |
| | reparer's | Date | Check If | | Preparer's identifying number (see instructions) |
| | | 07/07/1 | ol 🚟 · · · | | P00890860 |
| | gnature NICHOLAS A BOXTER | 07/27/1 | employed | | |
| Paid Preparer's | mis name (or yours Nicholas B. Boxter CPA | <u> </u> | ✓ employed | | 26-146006 |
| Paid Preparer's Use Only ff ac | Nicholas B. Boxter CPA | | | EIN Phone | |

| X | Yes | | No | _ |
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| Fo | rm 990 |) (2 | 2009) | Λ. |
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| <u>rm 990 (200</u> | 9) PREGNAN | CY AID A | ND | | 22-2539 | 714 | Pag |
|---------------------------------------|---|-------------------|---------------------------------------|---------------------------------------|------------------------|---------------------------------------|--|
| Part III [*] | Statement of | | | plishments | | | |
| | escribe the organization of the second se | | | S SITUATION | | WOMEN TO CARRY | , |
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| • | • • | | | · · · · · · · | • • | · · · · · · · | • • |
| Did the c | organization underta | ake any significa | ant program serv | ices during the year w | hich were not listed c | n | |
| | Form 990 or 990-E | | | • • • | | | Yes X |
| | describe these new | | | | d | | |
| Did the c services | | conducting, or n | nake significant o | changes in how it cond | Jucis, any program | | Yes X |
| | describe these cha | inges on Schedu | ule O. | | • • | | . 🗆 👓 🖾 |
| | | | | organization's three la | argest program servic | es by expenses. | |
| | | | | 947(a)(1) trusts are re | | mount of grants and | |
| allocation | ns to others, the tot | tal expenses, an | nd revenue, if any | /, for each program se | rvice reported. | | |
| la (Code: |) (Expens | | 34,450 | including grants of \$ | |) (Revenue \$ | |
| | | | | | | WOMEN TO CARRY | · · · |
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| d Other pro | ogram services (De | | dule O.) | · · · · · · · · · · · · · · · · · · · |) (Revenu | · · · · · · · · · · · · · · · · · · · | ···· · · · · · · · · · · · · · · · · · |

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| Form | n 990 (2009) PREGNANCY AID AND 22-2539714 | | | P | age 3 |
|------|--|-----|--------------|-----|------------|
| P | art IV Checklist of Required Schedules | | | | |
| | | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | | ł |
| | complete Schedule A | | 1 | X | L |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | | ĺ |
| | candidates for public office? If "Yes," complete Schedule C, Part I | | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | | l |
| | Schedule C, Part II | | 4 | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | | | |
| | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | . ' | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have | | | | |
| | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | | | | |
| | complete Schedule D, Part I | | 6 | | X |
| 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 | | X |
| 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; serve as a custodian for amounts not listed in Part | ł | | | l |
| | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | ł | | | |
| | complete Schedule D, Part IV | , i | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | | | |
| | quasi-endowments? If "Yes," complete Schedule D, Part V | | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | | | | 1 |
| | VII, VIII, IX, or X as applicable | | 11 | X | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | | |
| | Schedule D, Part VI. | | | | |
| • | Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | | |
| • | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | 1 | | |
| • | Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets | | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | | |
| | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | | |
| | Schedule D, Parts XI, XII, and XIII. | | 12 | | X |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | No | | | l |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. | X | | | v |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | - { | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | 1 4 a | | A |
| Ь | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | | v |
| 4- | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | | 14b | | <u>x</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | 40 | } | х |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | ł | 15 | | _ <u>_</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | } | 40 | | x |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | { | | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | { | 4- | | x |
| 4- | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | ł | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | ļ | 40 | | x |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | ł | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | } | | | v |
| | If "Yes," complete Schedule G, Part III | ł | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | 20 | | <u>A</u> |

Form **990** (2009)

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| Form | 990 (2009) PREGN | ANCY | AID A | ND | | 22-25 | 39714 | | | P | age 4 |
|-----------|---|--------------|---------------------|----------------------|-----------------------|-------------------------------|--------------|-----|------|------------|----------|
| Pa | rt IV Checklist | of Re | quired Sc | hedules (c | continued) | | | | · | | |
| 21 | Did the organization re | nort mor | e than \$5.00 |)0 of grants ar | nd other assistance | to governments and o | manizations | | 1 | Yes | No |
| - ' | in the United States on | • | | - | | • | gamzatono | | 21 | | x |
| 2 | Did the organization re | | 1 // | | • | | • | • | | | |
| | United States on Part I | • | | • | | | | | 22 | | x |
| 3 | Did the organization ar | | | | | • | | | | | |
| • | organization's current a | | | | | | sated | | ł | | |
| | employees? If "Yes," of | | | | | , and nighted compon | | | 23 | | х |
| 4a | Did the organization ha | | | Ind issue with a | an outstanding princ | inal amount of more th | nan | , . | | | <u> </u> |
| | \$100,000 as of the last | | - | | | | | | | { { | |
| | 24b through 24d and c | | | | | | in loo | | 24a | | х |
| b | Did the organization in | | | - | ••• | norary period exceptio | n? | | 24b | | |
| c | Did the organization m | | | - | - | | | | | | |
| v | to defease any tax-exe | | | | an a ferdituring esor | ow at any time during | ale year | | 24c | { } | |
| d | Did the organization ac | • | | " issuer for ho | nds outstanding at : | any time during the ve | ar? | | 24d | | |
| 5a | Section 501(c)(3) and | | | | • | | | | | | |
| Ja | with a disqualified per | • • • | | | • • • | | | | 25a | { { | х |
| b | Is the organization awa | | | • | | • | | | 1-00 | | |
| | prior year, and that the | | | | | | | | 1 | } } | 1 |
| | 990-EZ? If "Yes," comp | | | | on any of the organ | | | | 25b | | х |
| B | Was a loan to or by a c | | | •• • | Nistee kev emplove | e highly compensated | employee or | | 200 | | |
| , | disqualified person out | | | | | ••• | | | 26 | { } | х |
| , | Did the organization pr | - | | - | - | | | | - 20 | | |
| | substantial contributor, | - | | | | | | | | | |
| | if "Yes," complete Sche | - | | Johnnikee me | | | | | 27 | | X |
| 3 | Was the organization a | | • | transaction w | th one of the follow | ing parties (see Scher | tula l | | - | | |
| , | Part IV instructions for | | | | | | | | | | |
| • | A current or former offi | •• | - | | | • | v | | 28a | | х |
| a b | A family member of a c | | | | - | | • | | A0d | | |
| 5 | Schedule L, Part IV | | ionnei onic | | usiee, or key emplo | | 6 | | 28b | | X |
| с | An entity of which a cu | ment or fi | ormer officer | . director trus | stee or kev employ | e of the organization | lora | | 100 | | |
| U. | family member) was ar | | | | | - | • | | | 1 1 | |
| | Part IV | romcer, | | | of maneet owner: i | i res, complete com | 50016 L, | | 28c | | х |
| • | Did the organization re | ceive mo | vre than \$25 | 000 in non-ca | ash.contributions? If | "Yes " complete Sche | dule M | | 29 | | X |
|) | Did the organization re | | | | | | | | | | |
| · | conservation contribute | | | | | olimital accord, or qua | linioa | | 30 | | X |
| ł | Did the organization liq | | | | • • • | If "Yes " complete Sch | edule N | | | | |
| 1 | Part I | uiuuio, ii | similate, or | alsolve and t | | | | | 31 | | Х |
| 2 | Did the organization se | Il excha | nae dienos | e of or transfe | | f its net assets? If "Yee | s " complete | | | | |
| • | Schedule N, Part II | | ige, dispose | 501, 01 11010 | | | | | 32 | | х |
| 3 | Did the organization ov | /n 100% | of an entity | disroganted a | | organization under R | eculations | | | | |
| | sections 301.7701-2 ar | | • | - | • | | egulations | | 33 | | Х |
| ł | Was the organization r | | | • | | molete Schedule B. P | arte ll | | | | |
| • | III, IV, and V, line 1 | | any tax-exe | | senary in res, co | | arto II, | | 34 | | x |
| 5 | Is any related organiza | tion a co | , ntrolled ontil | | | 12/h)/13\2 If "Vec " oo | mplete | • | | | |
| , | Schedule R, Part V, lin | | | y widhii bie in | leaning of section 5 | 12(0)(13): 11 163, 00 | mpiece | | 35 | | х |
| ; | Section 501(c)(3) orga | | • Did the e | nonzaton m | aka any transform to | an exempt non charit | able related | • | - 33 | | 41 |
| , | organization? If "Yes," | | | - | • | an exemptinon-onant | able related | | 36 | | х |
| , | - | | | | | hat is not a related or | ranization | | | | |
| | Did the organization co and that is treated as a | | | | | | | | | | |
| | and that is treated as a Part VI | Partiers | | a moonne tax | , purposes: 11 185, | complete conedule r | •, | | 37 | | X |
| | • | molata C | abodule O - | and provide | volgonationa in Caha | dula Ο for Bort VI. II | e 11 ond | | | | |
| • | Did the organization co | | | - | | | 5 11 0110 | | | } | x |
| | 19? Note. All Form 990 | niers ar | a required to | complete SC | | | | | 38 | 990 | _ |

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| Form | 990 (2009) PREGNANCY AID AND 22 | <u>-253971</u> | .4 | | F | Page 5 |
|-----------|---|-----------------|---|--------------------------|----------|--------------|
| Pa | Int V Statements Regarding Other IRS Filings and Tax Compliance | | · • • • • • • • • • • • • • • • • • • • | | | _ |
| | | | | , , , , , , , | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | 1 | 1 | | ł | |
| | U.S. Information Returns. Enter -0- if not applicable | 18 | | _ | Į | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | [1] | <u> </u> | | t | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendo | rs and reportal | ble | | ł | |
| | gaming (gambling) winnings to prize winners? | · , | , | 1c | _ | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | ŧ. | Į |
| | Statements Regarding Other IRS Filings and Tax Compliance ter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of S. Information Returms. Enter -0- if not applicable 1a 0 ter the number of Forms W-20 included in line 1a Enter -0- in not applicable 1b 0 ter the number of Forms W-20 included in line 1a Enter -0- in not applicable 1b 0 ter the number of Forms W-20 included in line 1a Enter -0- intot applicable 1b 0 ter the number of Forms W-20 included in line 1a Enter -0- intot applicable 1b 0 teast one is reported on Fine 2a, did the organization file all required to efflet this return. Get 1a 0 the asymptotic 1a and 2a is greater than 250, you may be required to efflet this return? Eater this return? Eater -0- a signature or other authority ary time during the calendar year, did the organization have an interest in, or a signature or other authority ary time during the calendar year, did the organization have an interest in, or a signature or other authority ary time during the calendar year, did the organization have an interest in, or a signature or other authority any time during the tax sheller transaction? Yes, "near the name of the foreign country: IP E the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank d Financial Accounts. as the organiza | | - | ł | { | |
| b | | | | 2b | <u> </u> | <u> </u> |
| | | urn. (see | | | ł | |
| | instructions) | | | | [| [|
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year | ar covered by | | | ŧ | |
| | this return? | | | <u>3a</u> | <u> </u> | X |
| b | | • | | 3b | | |
| 4a | | | - | { | { | ł |
| | over, a financial account in a foreign country (such as a bank account, securities account, or | other financia | ł | 1 | 1 | |
| | account)? | • | · · | <u>4a</u> | <u> </u> | X |
| b | etum? s," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial int)? s," enter the name of the foreign country: ► he instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank inancial Accounts. the organization a party to a prohibited tax shelter transaction at any time during the tax year? ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? s," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding bited Tax Shelter Transaction? the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions that were not tax deductible? | | | ł | | |
| | | Foreign Bank | | | Į | |
| _ | | | | | ŧ | |
| 5a | • • • • • • | • | | <u>5a</u> | ╂ | X |
| b | | | • | <u>5b</u> | <u> </u> | <u>. ▲</u> . |
| С | | ntity Regarding | | | | { |
| 0 | • • • • • | | • | <u>5</u> c | | <u>├</u> |
| 6a | | and did the | | | } | x |
| ۲. | | Antributions or | • | <u>6a</u> | <u>}</u> | <u> </u> |
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| 7 | | ••• | · · · · | 00 | | |
| 'a | | artiv for goods | | | | |
| a | | andy for goods | | 7a | t | |
| Ь | | • | | 7b | <u> </u> | <u> </u> |
| c | | • | • | | | <u> </u> |
| - | required to file Form 8282? | | | 7c | | |
| đ | • • • • • • • • • | 7d | | | [| |
| 8 | | | | 7 | | |
| | benefit contract? | · | | 70 | Į | { |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene | efit contract? | | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as n | equired? | | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Forr | n 1098-C as | | | } | { |
| | required? | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support | orting | | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a spo | onsoring | | | Į | |
| | organization, have excess business holdings at any time during the year? | | | 8 | ļ | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | <u>9a</u> | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | _ |
| 10 | Section 501(c)(7) organizations. Enter: | ı | 1 | | 1 | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 104 | | 4 | | { |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10 | <u>></u> | - | ţ | ł |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | 1 | | | |
| а | Gross income from members or shareholders | 118 | ₽ | - | | |
| Ь | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 111 | | 4 | t I | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu | | | 12a | | |
| b | If "Yes." enter the amount of tax-exempt interest received or accrued during the year | 126 | 51 | 1 | F. I | F |

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| | | | |

| | 9/2010-2 23 PM | | | |
|-----|--|-----------|-----------|----------|
| | <u>n 990 (2009) PREGNANCY AID AND 22-2539714</u> | | | Page 6 |
| P (| Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below | | | |
| | for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha | anges | in | |
| | Schedule O. See instructions. | | | |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | ŧ | |
| b | Enter the number of voting members that are independent | | ł | |
| 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 | ļ | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | } | 1 |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | \vdash | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | <u> </u> | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | \square | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | } | |
| | of the governing body? | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | ł | |
| | the year by the following: | | ŧ. | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | - { · · · | { | { |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Rev | renue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | ' | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | ' | 1 |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | Li | L |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | (' | { | { |
| | form? | 11 | ļ | X |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | _ |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | 1 1 | 1 | { |
| | nse to conflicts? | 12b | | I |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 1 | |] |
| | describe in Schedule O how this is done | 12c | | <u> </u> |
| 13 | Does the organization have a written whistleblower policy? | 13 | ' | X |
| 14 | Does 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? | | [| |
| a | The organization's CEO, Executive Director, or top management official | 15a | | X |
| ь | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | [| |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requinng the organization to evaluate | | - | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | ŧ I | 1 |
| | the organization's exempt status with respect to such arrangements? | 16b | | L |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NJ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) | - | | |

available for public inspection. Indicate how you make these available. Check all that apply.

..

Own website Another's website X Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the 20

. .

..

59 THOMPSON ST

NJ 08869

organization:
ORGANIZATION

RARITAN

908-526-8121

Form 990 (2009) PREGNANCY AID AND 22-2539714

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

1 1

compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average | Pos | ition (| () (chec | C) kall 1 | that a | | (D) Reportable | (E) Reportable | (F) Estimated |
|-----------------------------------|-------------------|-----------------------------------|-----------------------|-------------|--------------|------------------------------|--------|--|--|--|
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| MSGR. J. NEVIN KE BOARD MEMBER | NNEDY | | | | | | | 0 | 0 | 0 |
| REGINA ANDRASKI CHAIRPERSON | | | | | | | | 0 | 0 | 0 |
| ELLEN DESAPIO BOARD MEMBER | | | | | | | | 0 | 0 | 0 |
| MARGIE ELLIS BOARD MEMBER | | | | | | | | 0 | 0 | 0 |
| CHRIS MANARA TREASURER | | | | | | | | 0 | 0 | 0 |
| KAREN GEIGER Board member | | | | | | | | 0 | 0 | 0 |
| BARBARA QUINN SECRETARY | | | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
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| Form 990 (2009) | PREGNANCY | AID | AND |

| Part VII | | | | AID ANI | | Ko | | | | | 22-253 d Highest Compensated E | | | | Pa | ge l |
|-------------------------|------------------------------|-----------------------|---------------------------|---|-------------------|---------------|----------------|-------------|-----------------------|--------------|--|--|---------------------|---|----------------------------------|----------|
| Part VII | (A | | . Onicers, | (B) | 1003 | i, NU | _ | 0) C) | 9888 | <u>, an</u> | (D) | (E) | | (F) | | |
| | Name a | | | Average hours per week | P or director | | | | a Highest compensated | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | a cor or a | Estimat imount other mpensa from th ganiza nd rela ganizat | of ation ie tion ted | |
| | • • | · · · · | | | | } | | | | | | | | | | |
| | | • | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| report | able co | mpensa | ation from | the organization | <u>></u> | 0 | | <u>.</u> | | |) who received more than \$ who received more than \$ ree, or highest compensate | · · · · · · · · · · · · · · · · · · · | | | Yes | No |
| 4 For an the or individ | ny indivi ganizat lual | idual list ion and | ted on line related on | ganizations grea | of rep ater ti | orta han S | ble c \$150 | omp ,000 | ensa)? If " | ation Yes | and other compensation fr ," complete Schedule J for | such | | 3 | | x x |
| | | | | a receive or accr ization? If "Yes," | | | | | | | unrelated organization for uch person | | f | 5 | | x |
| Section B. | Indepe | endent (| Contracto | rs | | | | | | | | an \$100,000 of | | | | |
| | | | he organiz | ation. | nsat | | | | | 50002 | ectors that received more th | | | | (0) | |
| | | | Name and I | (A) business address | | | | | | | Descript | (B) tion of services | | Com | (C) pensatio | <u>n</u> |
| | | · · · · · · | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 2 Total r | | ofinde | | ontractors (inclus | | but r | ot li | | 1 to t | hose | s listed above) who receive | d | | | | |

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22-2539714

| Pa | rt V | III Staten | nent of Reve | nue | | | - | | | |
|--|----------|------------------------|--------------------------|----------|---------------------------------------|-------------|-----------------------------|--|---|---|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| 6 6 | 4.5 | Federated can | nnaigne | 1a | | | | | | |
| Program Service Revenue Contributions, gifts, grants | 18 | | | 1b | | | | | | |
| B | a | Membership d | • | | <u>_</u> | 12,570 | | | | |
| fts, | с | Fundraising ev | • | 1c | | 12,570 | | | | |
| igi | d | Related organ | | 1d | | | | | | |
| | | Government grants | · · · · | 10 | | | | | | |
| 불힘 | f | All other contribution | | | | 40 - 20 | | | | |
| 문의 | | | not included above | 1f | | 43,532 | | | | |
| S P | g | | ns included in lines 1a- | 1f 5 | \$ | | | | | |
| <u> </u> | <u>h</u> | Total. Add line | es 1a-1f | | | ·• | 56,102 | | | |
| - Pa | | | | | | Busn. Code | | | | |
| - P | 2a | | | | | | | | | |
| a l | b | | | | | L | | | | |
| ³ | С | | | | | | | | | · |
| ŝ | d | | | | | | | | | |
| E | 8 | | | | | | | | | |
| - B | f | All other progr | am service rever | nue | | | | | | |
| E | g | Total. Add line | | | | | | | | |
| | 3 | | ome (including o | lividen | ds, intere | st, and | | | | |
| | | other similar a | | | | | 1,815 | 1,815 | | |
| | 4 | | nvestment of tax- | exemp | t bond pr | oceeds 🕨 | | | | |
| | 5 | Royalties . | | | • | ▶ | | | | |
| | - | | (i) Real | | (n) F | Personal | | | | |
| | 6a | Gross Rents | } | | | | | | | |
| | b | Less rental exps | | | | | | | | |
| | c | Rental inc or (loss) | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | d | Net rental inco | | | | • | | | | |
| | 7a | Gross amount from | (I) Securities | | <u> </u> | Other | | | | |
| | | sales of assets | | | | | | | | |
| | | other than inventory | | | | | | | | |
| | b | Less cost or other | { | | { | | | | | |
| | | basis & sales exps | | | <u> </u> | | | | | |
| | | Gain or (loss) | | | L | | | | - | |
| | d | Net gain or (lo | | ſ | | > | | * * * * * * * * * * * * * * | | ···· ·· · · · · ··· ··· ··· ···· |
| ę | 88 | | om fundralsing even | its | | | | | | |
| ĩ | | (not including \$ | | ļ | | | | | | |
| چ چ | | | reported on line 1c) | 1 | | | | | | |
| 2 | | See Part IV, line | • | a | | | | | | |
| Other Revenu | | Less direct ex | - | P{ | | | | | | |
| | | | (loss) from fund | F | events | | | | | |
| | 9a | | om gaming activities | | | | | | | |
| | | See Part IV, Ime | | a | | | | | | |
| | | Less: direct ex | - | ьĮ | | | | | ····· | |
| | | | (loss) from gami | ing acti | ivities | • | | | • • • • • • • • • • • • • | |
| | 10a | Gross sales of | f inventory, less | | | 1 | | | | |
| | | returns and all | owances | a | | | | | | |
| | b | Less. cost of g | oods sold | ьĮ | | | | | | |
| | <u> </u> | Net income or | (loss) from sales | s of inv | entory | | | | | |
| | | | ellaneous Revenue | | | Busn. Code | | | | |
| | 11a | | | | | | | | | |
| | b | | | | | | | | | |
| | C | • • • • • • | • | | | | | | | |
| | ď | All other reven | iue . | | | | | | | |
| | | Total. Add line | | | | | | | | |
| | 12 | | e. See instruction | 1s | | | 57,917 | 1,815 | 0 | 0 |

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| Form | 990 (2009) PREGNANCY AID AN | 1D | 22-25 | 39714 | Page 10 |
|----------|--|--|--|---|---------------------------------------|
| Pa | Int IX Statement of Functional Ex | penses | | | |
| | Section 50 All other organizations must | 1(c)(3) and 501(c)(4) organ complete column (A) but | nizations must complete a are not required to compl | lete columns (B), (C), and | |
| | o not include amounts reported on lines 6b, , 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 governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | | | : | |
| 2 | Grants and other assistance to individuals in | | | | · · · · · · · · · · · · · · · · · · · |
| | the U S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | - | |
| | organizations, and individuals outside the | | | | |
| | U.S See Part IV, lines 15 and 16 | | | | ***** |
| 4 | Benefits paid to or for members | | | · · · · · · · · · · · · · · · · · · · | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| - | persons described in section 4958(c)(3)(B) | · | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | } | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| '' a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 900 | | 900 | |
| d | Lobbying | | | | |
| 8 | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| 9 | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | · · · · · · · · · · · · · · · · · · · |
| 15 | Royalties | | | | |
| 16 | Occupancy | 16,332 | 4,792 | 11,540 | |
| 17 | Travel | | · · · · · · · · · · · · · · · · · · · | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 467 | 467 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 706 | | 706 | |
| 22 23 | Depreciation, depletion, and amortization _. | 2,848 | | 2,848 | |
| ζJ | lisurance | 2,010 | | 2/010 | · · · · · · · · · · · · · · · · · · · |
| 24 | Other expenses. Itemize expenses not | | | | |
| | covered above. (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below.) | | | | |
| 8 | Program expenses | 28,659 | 28,659 | | |
| ь | Office expense | 2,103 | | 2,103 | |
| С | Fundraising expenses | 1,111 | | | 1,111 |
| d | Advertising | 532 | 532 | | |
| 8 | Licenses and permits | 280 | | 280 | |
| f | All other expenses | 310 | | 310 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 54,248 | 34,450 | 18,687 | 1,111 |
| 26 | Joint costs. Check here | | | | |
| | SOP 98-2. Complete this line only if the organization reported in column (B) joint costs | | } | } | |
| | from a combined educational campaign and | | | ł | |
| | fundraising solicitation | | ł | | |

Form 990 (2009) PREGNANCY AID AND

| | 2 | 2 - | 2 | 5 | 3 | 9 | 7 | 14 | ŧ |
|--|---|-----|---|---|---|---|---|----|---|
|--|---|-----|---|---|---|---|---|----|---|

Page 11

| Part | X Balance Sheet | | | |
|---|---|--------------------------|-----|---------------------------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash—non-interest bearing | 5,891 | 1 | 7,289 |
| 2 | Savings and temporary cash investments | 153,132 | 2 | 155,451 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | employees, and highest compensated employees. Complete Part II of | | | |
| 1 | Schedule L | | 5 | |
| 6 | Receivables from other disgualified persons (as defined under section | | | |
| | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete | | | |
| | Part II of Schedule L | | 6 | |
| a 7 | Notes and loans receivable, net | | 7 | |
| Assets | Inventories for sale or use | | 8 | |
| Ä 9 | Prepaid expenses and deferred charges | | 9 | |
| 1 - | Land, buildings, and equipment. cost or | | | · · · · · · · · · · · · · · · · · · · |
| | other basis. Complete Part VI of Schedule D 10a 13, 300 | | | |
| | Less: accumulated depreciation 10b 13,300 | 48 | 10c | |
| 11 | Investments—publicly traded securities | | 11 | |
| 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| 13 | Investments-program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 159,071 | 16 | 162,740 |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | •••••• |
| | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | Payables to current and former officers, directors, trustees, key | | | |
| | employees, highest compensated employees, and disqualified | | | |
| lat | persons. Complete Part II of Schedule L | 1 | 22 | |
| - | | | 23 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 25 | Unsecured notes and loans payable to unrelated third parties | | 25 | |
| 25 | Other liabilities. Complete Part X of Schedule D Total Ilabilities. Add lines 17 through 25 | | 28 | · · · · · · · · · · · · · · · · · · · |
| | | | 20 | |
| i i i i i i i i i i i i i i i i i i i | Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34. | | | |
| | Unrestricted net assets | 159,071 | 27 | 162,740 |
| and | Temporanly restricted net assets | 100,011 | 28 | 102,140 |
| 101 28 고 29 | Permanently restricted net assets | | 29 | |
| Š 2 | Organizations that do not follow SFAS 117, check here | ······ | -20 | |
| Щ I | | | | |
| ō | and complete lines 30 through 34. | | 20 | |
| s 30 | Capital stock or trust principal, or current funds | | 30 | |
| 00 31 00 00 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances E 25 25 25 25 25 25 25 25 25 25 25 25 25 | Retained earnings, endowment, accumulated income, or other funds | 159,071 | 32 | 162,740 |
| | Total net assets or fund balances | | 33 | |
| Z 34 | Total liabilities and net assets/fund balances | 159,071 | 34 | 162,740 |

Form 990 (2009)

| Form | 990 (2009) PREGNANCY AID AND | 22-2539714 | | Pa | ge 12 |
|------|---|--|-----------|-----|-------|
| Pa | A XI Financial Statements and Reporting | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: 🛛 🕱 Cash | Accrual Other | | | [|
| | If the organization changed its method of accounting from a phor ye | ar or checked "Other," explain in | | ŧ | |
| | Schedule O. | | | Į | |
| 2a | Were the organization's financial statements compiled or reviewed | by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an indepen | dent accountant? | 2b | L | X |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that | at assumes responsibility for oversight of | | { | { |
| | the audit, review, or compilation of its financial statements and sele | ction of an independent accountant? | 20 | L | L |
| | If the organization changed either its oversight process or selection | process during the tax year, explain in | | | |
| | Schedule O. | | | ł | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the f | inancial statements for the year were | | ł | |
| | issued on a consolidated basis, separate basis, or both: | | | | [|
| | Separate basis Consolidated basis Both consolidated basis | ated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to und | ergo an audit or audits as set forth in | | | { |
| | the Single Audit Act and OMB Circular A-133? | | <u>3a</u> | | |
| b | If "Yes," did the organization undergo the required audit or audits? In | f the organization did not undergo the | | | { |
| | required audit or audits, explain why in Schedule O and describe an | y steps taken to undergo such audits. | | | { |

50 J J J Form 990 (2009)

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| SCHEDULE A | | | a a d | Dealer | | | -4 | | | OMB No. 15 | 45-0047 |
|--|--|--|----------------|---------------------------|------------|------------|------------|------------------|------------|-----------------|-----------|
| (Form 990 or 990-EZ) | | lic Charity Status | and | Publ | IC 31 | ibbo | π | | F | 2009 | |
| · · · · · · | Comple | te if the organization is a section 4947(a)(1) nonexem | | | | or a sec | tion | | | ZUL Open to | |
| Department of the Treasury Internal Revenue Service | ► At | tach to Form 990 or Form 990- | EZ. 🌔 S | See sepa | rate inst | ruction | s <i>.</i> | | | Inspec | |
| Name of the organization | PREGNANCY AI INFORMATION | | | | | | | oyer ide -253 | | tion numbe 4 | 16. |
| Part Reason | and the second | Status (All organizations | must c | omplet | e this i | bart.) S | | | _ | | |
| | | e it is: (For lines 1 through 11, cl | | | | | | | | | |
| | | ociation of churches described in | | | | | | | | | |
| 2 A school descri | bed in section 170(b)(1)(| A)(ii). (Attach Schedule E.) | | | | | | | | | |
| 3 🗍 A hospital or a d | cooperative hospital service | ce organization described in sec | tion 170(| b)(1)(A)(ii | ii). | | | | | | |
| | arch organization operated | d in conjunction with a hospital d | escnbed | n section | 170(b) | (1)(A)(iii | i). Enter | the hos | spital's | name, | |
| city, and state: 5 An organization | operated for the benefit of | of a college or university owned | or operate | ed by a go | vemme | ntal unit | describ | ed in | | | |
| L + | 1)(A)(iv). (Complete Part | | | | | | | | | | |
| | • • | overnmental unit described in se | | | | | | | | | |
| | that normally receives a s ction 170(b)(1)(A)(vi). (Co | substantial part of its support fro | m a govei | mmental | unit or tr | om me (| general | public | | | |
| | | 70(b)(1)(A)(vi). (Complete Part I | 1.) | | | | | | | | |
| | |) more than 33 1/3 % of its supp | | contributio | ons, men | nbership | o fees, a | and gros | 5 5 | | |
| | | pt functionssubject to certain | | | | | | | | | |
| | | d unrelated business taxable inc | | | | from bu | isinesse | es | | | |
| | - |), 1975. See section 509(a)(2). | | | | | | | | | |
| F | | exclusively to test for public safe | | | | | | | | | |
| | * | exclusively for the benefit of, to p | | | | | | action | | | |
| | | ed organizations descnbed in se ne type of supporting organizatio | | | | | | oction | | | |
| a Type I | b Type II | c Type III–Functiona | | • | d | ~~ | e IIIOt | her | | | |
| | | anization is not controlled direct | • • | | | ·· | | | | | |
| | | and other than one or more pub | | | | | | section | | | |
| 509(a)(1) or sec | tion 509(a)(2). | | | | | | | | | | |
| - | | rmination from the IRS that it is a | a Type I, 7 | Type II, or | Type III | support | ting | | | | [] |
| organization, ch | | | ,. Namérana | | | | • | | | •• • | . Ц |
| • | - | ion accepted any gift or contribu | uon trom | any or une | 3 | | | | | | |
| following perso | | ntrols, either alone or together w | ith perso | ns descrit | oed un (ui |) | | | | T | es No |
| | | the supported organization? | | | | / | | | | 11g(i) | |
| | ember of a person describ | · · · · | • | • | | | | ٠ | | 11g(ii) | |
| | | escribed in (i) or (ii) above? | | | | • • | | • | • | 11g(iii) | |
| h Provide the foll | owing information about the | ne supported organization(s). | | | | | · · · · · | | | | |
| (I) Name of supported | (ii) EIN | (III) Type of organization | (iv) is the c | - | | ou notify | | is the | | (vii) Amoun | t of |
| organization | | (described on lines 1–9 above or IRC section | 1 11 | sted in your document? | col (I) | of your | (i) organ | zed in the | | support | |
| | | (see instructions)) | Yes | No | Yes | No | Yes | S7 No | | | |
| | | | | | | | 1 | | | <u></u> . | |
| | | | | | | | | | | | |
| | | | } | 1 | } | | | | | | |
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| Total | | | | | | | | | | | |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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| | edule A (Form 990 or 990-EZ) 2009 PR | EGNANCY A | D AND | <u></u> | | -2539714 | Page 2 |
|----------|---|-----------------------|------------------------|------------------------|---------------------|------------------|------------|
| P | art II Support Schedule for O | | | | (1)(A)(iv) and | 170(b)(1)(A)(vi) | |
| | (Complete only if you ch | ecked the box | <u>on line 5, 7, o</u> | <u>r 8 of Part I.)</u> | | | |
| | tion A. Public Support | | | | T | | |
| Ca | lendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | 1 | | |
| 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 | | | | | | |
| Ca | lendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 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 | | | | Ł | <u> </u> | |
| 12 | Gross receipts from related activities, etc | • • • | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | organization's first, | second, third, fou | rth, or fifth tax year | as a section 501(| :)(3) | |
| <u> </u> | organization, check this box and stop her | | | | | | |
| | tion C. Computation of Public Su | | | | | | |
| 14 | Public support percentage for 2009 (line 6 | | | n (f)) . | • | 14 | % |
| 15 | Public support percentage from 2008 School | | • • | | | 15 | % |
| 16a | 33 1/3 % support test-2009. If the organ | | | 3, and line 14 is 3 | 3 1/3 % or more, c | heck this box | - T- |
| | and stop here. The organization qualifies | | • | | | | |
| b | 33 1/3 % support test2008. If the organ | | | | 5 is 33 1/3 % or mo | ore, check this | , , |
| | box and stop here. The organization quali | | •• | • • | , | | |
| 17a | | | | | | | |
| | more, and if the organization meets the "fa | | | • | • | | ۔ ا |
| | organization meets the "facts-and-circums | | • | | | • | ▶ [|
| b | 10%-facts-and-circumstances test-200 | - | | | | | |
| | more, and if the organization meets the "fa | | | | | | |
| | organization meets the "facts-and-circums | | - | | | • | · |
| 18 | Private foundation. If the organization did | not check a box of | n iine 13, 16a, 16b | , 178, or 170, chec | K This dox and see | INSTRUCTIONS | |

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009 PREGNANCY AID AND

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part 1.)

Section A. Public Support

| | | _ | · | | | | |
|-----|---|--------------------|---------------------------------------|------------------------|---------------------|-----------|---------------------------------------|
| Ca | iendar year (or fiscai year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | } | } | } | } | | |
| | membership fees received (Do not include | | 1 | ł | ł | | |
| | any "unusual grants ") | 69,571 | 35,488 | 33,763 | 27,122 | 43,534 | 209,478 |
| 2 | Gross receipts from admissions, merchandise | [{ | { | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | { } | | 1 | 1 | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | } | | | | |
| | unrelated trade or business under section 513 | | | | | | · · · · · · · · · · · · · · · · · · · |
| 4 | Tax revenues levied for the organization's | | } | 1 | ł | | |
| • | benefit and either paid to or expended on | 1 | | | } | | |
| | its behalf | | | | | | |
| 5 | The value of services or facilities | | | | { | | |
| • | furnished by a governmental unit to the | | 1 | | | | |
| | organization without charge | | | | | | · · · · · · · · · · · · · · · · · · · |
| 6 | Total. Add lines 1 through 5 | 69,571 | 35,488 | 33,763 | 27,122 | 43,534 | 209,478 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | } | | | | |
| ь | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | 1 | | |
| | exceed the greater of \$5,000 or 1% of the | | | | ł | } | |
| | amount on line 13 for the year | | 1 | 1 | 1 | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 209,478 |
| Sec | tion B. Total Support | | | | | | |
| Ca | lendar year (or fiscai year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | 69,571 | 35,488 | 33,763 | 27,122 | 43,534 | 209,478 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties and income from similar | | | | 1 | l l | |
| | Sources | 2,499 | 3,264 | 3,848 | 2,826 | 1,815 | 14,252 |
| ь | Unrelated business taxable income (less | | 1 | 1 | | ł | |
| v | section 511 taxes) from businesses | | 1 | | } | { | |
| | acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | 2,499 | 3,264 | 3,848 | 2,826 | 1,815 | 14,252 |
| 11 | Net income from unrelated business | | | 1 | 1 | | |
| | activities not included in line 10b, whether or not the business is regularly | | { | { | 1 | | |
| | carried on , , . | | | | | 0 | <u></u> |
| 12 | Other income. Do not include gain or | | | | { | 1 | |
| | loss from the sale of capital assets | | | | | { | |
| | (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | 1 | } | } | { | } | |
| | and 12) | 72,070 | 38,752 | 37,611 | 29,948 | 45,349 | 223,730 |
| 4 | First five years. If the Form 990 is for the c | - | econd, third, fourth | n, or fifth tax year a | is a section 501(c) | (3) | . 🗗 |
| | organization, check this box and stop here | | <u>``</u> | · | | | ▶ [] |
| | tion C. Computation of Public Su | | | | | ····· | |
| 5 | Public support percentage for 2009 (line 8, | ., | - | (f)) . | | . 15 | 93.63% |
| 6 | Public support percentage from 2008 Sche | | | | | 16 | 94.85% |
| | tion D. Computation of Investmer | | | | ····· | | |
| 7 | Investment income percentage for 2009 (lin | | - | olumn (f)) | | . 17 | 6% |
| 8 | Investment income percentage from 2008 S | | | | | | 5% |
| 9a | 33 1/3 % support tests-2009. If the organ | | | | | | L (197 |
| | 17 is not more than 33 1/3 %, check this bo | | - | | | | ► X |
| b | 33 1/3 % support tests-2008. If the organ | | | | | | ► [¬] |
| | line 18 is not more than 33 1/3 %, check thi | s pox and stop her | i ne organizatioi | n qualifies as a pub | DICIV SUDDORTED OF | anization | |

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Page 4

Schedule A (Form 990 or 990-EZ) 2009 PREGNANCY AID AND Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. Part IV

| · · · · · · · · · · · · | |
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06/29/2010 2·23 PM SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Employer Identification number

| | e of the organization | | Employer Ide | ntification number |
|------------|---|---|-------------------------|---------------------------------------|
| | REGNANCY AID AND | | 22 252 | 1714 |
| | NFORMATION CENTER INC | de ar Othar Similar Eurode ar A | 22-253 | |
| F'4 | the organization answered "Yes" to Form 990, | Part IV. line 6. | | ompiere ii |
| | , | (a) Donor advised funds | (b) Fund | is and other accounts |
| 1 | Total number at end of year | | { | |
| 2 | Aggregate contributions to (during year) | | | • • • • • • • • • • • • • • • • • • • |
| 3 | Aggregate grants from (during year) | | 1 | |
| 4 | Aggregate value at end of year | | 1 | |
| 5 | Did the organization inform all donors and donor advisors in writing that | the assets held in donor advised | • • • • • • • • • • • • | |
| | funds are the organization's property, subject to the organization's exclu | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | | | |
| | used only for charitable purposes and not for the benefit of the donor or | | | |
| | purpose conferring impermissible private benefit? | | | Yes No |
| Pa | rt I Conservation Easements. Complete if the orga | anization answered "Yes" to For | m 990, Part | IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check | all that apply). | | |
| | Preservation of land for public use (e.g., recreation or pleasure) | Preservation of an historically im | portant land are | a |
| | Protection of natural habitat | Preservation of certified historic | structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conser | vation contribution in the form of a conse | rvation | |
| | easement on the last day of the tax year. | | ····· | |
| | | | Held | at the End of the Tax Year |
| a | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | . 2b | |
| C | Number of conservation easements on a certified historic structure inclu | uded in (a) | 20 | |
| d | Number of conservation easements included in (c) acquired after 8/17/0 | | 2d | |
| 3 | Number of conservation easements modified, transferred, released, ext | inguished, or terminated by the organizat | ion during | |
| | the taxable year 🕨 | | | |
| 4 | Number of states where property subject to conservation easement is lo | ocated ▶ | | |
| 5 | Does the organization have a written policy regarding the periodic moni | toring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it holds? | | • | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforce | ing conservation easements during the ye | ear | |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing c | onservation easements during the year | | |
| | ▶\$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | ne requirements of section | | |
| | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | · · | Yes 🗌 No |
| 9 | In Part XIV, describe how the organization reports conservation easeme | - | | |
| | balance sheet, and include, if applicable, the text of the footnote to the o | organization's financial statements that de | eschdes | |
| | the organization's accounting for conservation easements. | listerias Tressures of Other 6 | Similar Acce | |
| F # | の rt 単 Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to | Form 990. Part IV. line 8. | Sinniai ASSU | 13. |
| 4.0 | If the organization elected, as permitted under SFAS 116, not to report i | | et works of | |
| Ja | art, historical treasures, or other similar assets held for public exhibition. | | | |
| | provide, in Part XIV, the text of the footnote to its financial statements th | | | |
| h | If the organization elected, as permitted under SFAS 116, to report in its | | orks of art | |
| U | historical treasures, or other similar assets held for public exhibition, edu | | | |
| | | | 10 001 1100, | |
| | provide the following amounts relating to these items: | | > ¢ | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | · • • • | |
| ~ | (ii) Assets included in Form 990, Part X | ther similar accels for financial acia | 🚩 🍳 | |
| 2 | If the organization received or held works of art, historical treasures, or of | | | |
| | following amounts required to be reported under SFAS 116 relating to the | iese ilems. | | |
| a | Revenues included in Form 990, Part VIII, line 1 | | ► \$_ ► ^ | |
| D | Assets included in Form 990, Part X | | ► \$_ | |

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| Sche | edule D (Form 990) 2009 PREGNANCY | AID AND | | 22-25 | 39714 | | Page 2 |
|--------|--|---|--|---|---|---------------|-------------|
| P | Int相 Organizations Maintaining | Collections of Art, | Historical Treas | sures, or Other | Similar Assets (| continue | ed) |
| 3 | Using the organization's acquisition, accession collection items (check all that apply): | n, and other records, che | ck any of the followir | ng that are a significa | nt use of its | | |
| a | Public exhibition | d 🗍 Loan | or exchange progra | ms | | | |
| b | Scholarly research | e 🗍 Othe | | | | | |
| c | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's coll Part XIV. | lections and explain how | they further the orga | nization's exempt pur | pose in | | |
| 5 | During the year, did the organization solicit or assets to be sold to raise funds rather than to | receive donations of art, i be maintained as part of | historical treasures, the organization's co | or other similar illection? | | Yes | No |
| Pa | It IV Escrow and Custodial Arra IV, line 9, or reported an arr | ingements. Comple | te if the organiz | ation answered | "Yes" to Form 9 | 90, Part | |
| 1a | Is the organization an agent, trustee, custodiai included on Form 990, Part X? | n or other intermediary fo | r contributions or oth | er assets not | | Yes | No |
| ь | If "Yes," explain the arrangement in Part XIV a | nd complete the following | table: | • | • • | | |
| ~ | | | , | | [| Amount | |
| c | Beginning balance | | | | 1c | | |
| d | | • • • • • • | • • • • | | 1d | | |
| - e | Distributions during the year | · · | • | | 1e | | |
| f | Ending balance | | | | 11 | | |
| | Did the organization include an amount on For | rm 990. Part X. line 21? | | | • | Yes | No |
| | If "Yes," explain the arrangement in Part XIV. | | • | • | • • | | |
| | rt V Endowment Funds. Comple | ete if organization a | nswered "Yes" | to Form 990, Pa | rt IV. line 10. | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four y | ears back |
| 1a | Beginning of year balance | | <u>`</u> | + · · · · · · · · · · · · · · · · · · · | | | |
| b | Contributions | | | <u> </u> | | | |
| | Net investment earnings, gains, | | | ++++++++++++++++++++++++++++++++++++++ | | [| ****** |
| • | and losses | | | t | ŧ | | |
| Ы | Grants or scholarships | | | - [| | ***** | ***** |
| | Other expenditures for facilities | F | | f | | | |
| v | and programs | | | ţ | | | |
| £ | Administrative expenses | | | İ | * | | |
| 1 | • • • | | | - | | | ***** |
| 9 | End of year balance | L | | <u>.t</u> | t | t | |
| 2 | Provide the estimated percentage of the year e | end balance neld as: | | | | | |
| a | Board designated or quasi-endowment | % | | | | | |
| þ | Permanent endowment % | | | | | | |
| | Term endowment % | | | | | | |
| 3a | Are there endowment funds not in the possess | sion of the organization th | at are held and adm | inistered for the | | 5 | |
| | organization by: | | | | | | es No |
| | (i) unrelated organizations | | | | | <u>3a(i)</u> | |
| | (ii) related organizations | | | | | <u>3a(ii)</u> | |
| b | If "Yes" to 3a(ii), are the related organizations I | | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the c | | | | | · · · · · · | |
| Pa | nt VI Investments—Land, Buildir | 7 | | | | | |
| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or of basis (other | 1 | cumulated eciation | (d) Book va | alue |
| 1a | Land | { | | | | | |
| b | Buildings | | | | | | |
| | Leasehold improvements | [| | | | | |
| | Equipment | | 1 | | | | |
| | Other . | <u> </u> | | | | | |
| | . Add lines 1a through 1e. (Column (d) must equ | ual Form 990, Part X. col | umn (B), line 10(c).) | | | | |

Schedule D (Form 990) 2009

| Schedule D (Form 990) 2009 PREGNANCY AID AND | | 22-2539714 | Page 3 |
|--|---------------------------------------|---------------------|----------------|
| Part VII Investments-Other Securities. See Form 990 | | | |
| (a) Description of security or category | (b) Book value | (c) Method of | |
| (including name of security) | | Cost or end-of-year | |
| Financial derivatives | | · | |
| Closely-held equity interests | | + | |
| Other | | + | |
| | | + | |
| | | <u> </u> | |
| ~~~~~~~~~~~~~ | | | |
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| | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) | | | |
| Part VIII Investments-Program Related. See Form 990 | | ····· | |
| (a) Description of investment type | (b) Book value | (c) Method of | |
| | | Cost or end-of-year | market value |
| | | <u> </u> | |
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| | | 1 | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. | | | |
| (a) Description | | | (b) Book value |
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| ······································ | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | • | |
| Part X Other Liabilities. See Form 990, Part X, line 25 | · · · · · · · · · · · · · · · · · · · | | |
| 1 (a) Description of liability | (b) Amount | | , |
| Federal income taxes | | | |
| | |] , | |
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| Tatal (Caluma /b) must actual Earn 000 Datt X and (D) line 05) | | 4 | |

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

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

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| Sche | dule D (Form 990) 2009 PREGNANCY AID AND | 22-253971 | 14 | Page 4 |
|----------------------|--|---|-------------|----------|
| P | rt XI Reconciliation of Change in Net Assets from Form 990 to | Audited Financial Statem | ents | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | •••• | 2 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | |
| 4 | Net unrealized gains (losses) on investments | | 4 | |
| 5 | Donated services and use of facilities | | 5 | |
| 6 | Investment expenses | | 6 | |
| 7 | Prior period adjustments | | 7 | |
| 8 | Other (Describe in Part XIV.) | · | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | • • • • • | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | · · · · · · · · · · · · · · · · · · · | 10 | |
| | rt XII Reconciliation of Revenue per Audited Financial Stateme | | turn | |
| <u> </u> | Total revenue, gains, and other support per audited financial statements | | 1 | T |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | · | | |
| _ | Net unrealized gains on investments | 2a | ţ | |
| - ь | Donated services and use of facilities | 2b | 1 | |
| ~ | Recoveries of prior year grants | 2c | 1 | |
| ч Ч | Other (Describe in Part XIV.) | 2d | 1 | |
| | Add lines 2a through 2d | [] | 20 | { |
| า | Subtract line 2e from line 1 | · · · | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | <u></u> ~- | |
| ~ | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | ľ | |
| a | Other (Describe in Part XIV.) | 4b | 1 | |
| 0 | Add lines 4a and 4b | [40] | 40 | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | |
| | TXIII Reconciliation of Expenses per Audited Financial Statem | ante With Expanses par B | - | <u></u> |
| 1 | Total expenses and losses per audited financial statements | iente Mith Expenses per n | 1 | <u>.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| - | Donated services and use of facilities | 2a | ł | |
| a h | | 26 | ŧ | |
| | Other losses | 20 | 1 | |
| А | Other (Describe in Part XIV.) | 2d | 1 | |
| ŭ | Add Bass On the such Od | (= = = = = = = = = = = = = = = = = = = | 20 | |
| 3 | Subtract line 2a from line 4 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | |
| , a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | ţ | |
| - h | Other (Describe in Part XIV.) | 4b | 1 | |
| | Add lines 4a and 4b | | 4c | 1 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | |
| And the owner of the | t XIV Supplemental Information | | l-≚- | L |
| - | ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ues 1a and 4: Part IV lines 1h | | |
| | b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lin | | | |
| | art to provide any additional information. | | | |
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Schedule D (Form 990) 2009

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| SCHEDULE O (Form 990) Department of the Treasury | Complete to prov | ide information for resp 990 or to provide any ad | | s on | ОМВ № 1545-0047 2009 Орена to Рыбійс |
|--|-------------------|--|-------------------|-------------------|--|
| Internal Revenue Service | EGNANCY AID AND | Attach to For | m 9 90 | Employer Identifi | Inspection |
| - | FORMATION CENTER | INC | | 22-25397 | |
| Form 990, Par | t VI, Line 11A - | Organization | 's Process to | Review For | m 990 |
| No review was | or will be condu | icted. | | | |
| | | | | | |
| Form 990, Par | t VI, Line 19 - G | Soverning Doc | uments Disclos | ure Explan | ation |
| No documents | available to the | public | | | |
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| | 4500 | | ח | epreciation a | and Amortia | ratio | า | | | OMB No 1545 | 5.0172 |
|---|--|---|--|--|---|----------------------|---|--|-------------------------------|---------------------------|-------------|
| Form | 4562 | | | uding Informati | | | | | | 200 NO 1545 | |
| Depa | tment of the Treasury al Revenue Service | | · | - | | Fiohe | (1 (y) | | | | 3 |
| <u> </u> | (99)] | | | ate Instructions. | ► Attac | h to you | ir tax returi | | | Attachment Sequence No | 67 |
| Name | (•) ==================================== | | NCY AID ANI ATION CENTH | | | | | | fying ni つちつ | umber 9714 | |
| Buein | ess or activity to which this for | | ALLON CENT | SA INC | | | | | 433 | 3713 | |
| | ndirect Depre | - | lon | | | | | | | | |
| | | | se Certain Prop | erty Under Sec | tion 179 | | | | | | |
| | Note: If you | <u>u have a</u> | any listed proper | ty, complete Pa | art V before yo | ou con | nplete Pa | art I. | | | |
| 1 | Maximum amount. See t | he instruc | tions for a higher lim | it for certain busines | ses . | | | | 1 | 250 | ,000 |
| 2 | Total cost of section 179 | | | • | • | • | | | 2 | | 658 |
| 3 | Threshold cost of section | | | | structions) | • | | | 3 | 800 | <u>,000</u> |
| 4 | Reduction in limitation. S | | | - | | | | • •• | | 250 | ,000 |
| 5 | Dollar limitation for tax year | | e 4 from line 1 If zero or n of property | | d filing separately, se (b) Cost (business up | | | lected cost | 5 | 250 | ,000 |
| _6 | Partition | Description | | + | | 658 | | | 658 | | |
| | | | | | | | | | | | |
| 7 | Listed property Enter the | e amount l | from line 29 | | | 7 | | | | | |
| 8 | Total elected cost of sec | | | s ın column (c), lınes | s 6 and 7 | L | ····· | | 8 | | 658 |
| 9 | Tentative deduction. Ent | - | • • | | | • • | • | | 9 | | 658 |
| 10 | Carryover of disallowed of | deduction | from line 13 of your | 2008 Form 4562 | | | | | 10 | | |
| 11 | Business income limitation | on. Enter t | he smaller of busine | ss income (not less | than zero) or line | 5 (see II | nstructions) | | 11 | | 0 |
| 12 | Section 179 expense de | duction. A | dd lines 9 and 10, bu | it do not enter more | than line 11 | | | | 12 | ····· | 0 |
| 13 | Carryover of disallowed of | | | | > | 13 | l | | 658 | | |
| - | Do not use Part II or Par | | | | - letter (De se | - 4 [m - 1 | uda Kata | | | | |
| | | | on Allowance a | | eclation (Do n | | ude liste | a prope | <u>rry.) (</u> | See instr.) | |
| 14 | | | | Ale and Ale and Park and Ale and A | بممامة استعمامه فالعام | | | | | | |
| | • | | | ther than listed prop | erty) placed in sei | vice | | | | | |
| | during the tax year (see i | instruction | s) | ther than listed prop | erty) placed in sei | vice | | | 14 | | |
| 15 | during the tax year (see i Property subject to section | instruction on 168(f)(1 | s) | ther than listed prop | erty) placed in sei | vice | | | 15 | | |
| 15 <u>16</u> | during the tax year (see i Property subject to section Other depreciation (inclu | instruction on 168(f)(1 ding ACR | s) I) election S) | · · · · · · | · · | . . | | | | | |
| 15 <u>16</u> | during the tax year (see i Property subject to section Other depreciation (inclu | instruction on 168(f)(1 ding ACR | s) | · · · · · · | rty.) (See inst | . . | ns.) | | 15 | | |
| 15 <u>16</u> | during the tax year (see i Property subject to section Other depreciation (inclu | nstruction on 168(f)(1 ding ACR preciati | s) I) election S) . i on (Do not incl u | ude listed prope Sectio | rty.) (See inst | . . | ns.) | | 15 | | 48 |
| 15 <u>16</u> Pa | during the tax year (see in Property subject to section Other depreciation (incluent in MACRS De MACRS deductions for a if you are electing to group and | nstruction on 168(f)(1 ding ACR preciation preciation presets place presets place | s) I) election S) ion (Do not inclu ion (Do not inclu)) ion (Do not inclu) | ude listed prope Section years beginning before te tax year into one or n | nty.) (See inst n A pre 2009 nore general asset ac | ruction | heck here 🕨 | | 15 16 17 | | 48 |
| 15 <u>16</u> Pa | during the tax year (see in Property subject to section Other depreciation (incluent in MACRS De MACRS deductions for a if you are electing to group and | nstruction on 168(f)(1 ding ACR preciation preciation presets place presets place | s) I) election <u>S)</u> ion (Do not inclu- ced in service in tax y aced in service during th Assets Placed in Service during the Assets Placed in Service during the Assets Placed in Service during the Asset Strategies of the service during the service duri | ude listed prope Section years beginning befor te tax year into one or n rivice During 2009 | nty.) (See inst on A pre 2009 nore general asset ac Fax Year Using th | ruction | heck here 🕨 | iation Sys | 15 16 17 | | 48 |
| 15 <u>16</u> Pa | during the tax year (see in Property subject to section Other depreciation (incluent in MACRS De MACRS deductions for a if you are electing to group and | nstruction on 168(f)(1 of the second second preciations places the second secon | s) I) election S) ion (Do not inclu ion (Do not inclu)) ion (Do not inclu)) | ude listed prope Section years beginning before te tax year into one or n | nty.) (See inst on A pre 2009 nore general asset ac Fax Year Using tr iation it use (d) Recover | ruction counts, c | heck here 🕨 | iation Sys (f) Met | 15 16 17 stern | (g) Depreciation de | |
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| 15 16 17 17 18 19a b c d e f g | during the tax year (see i Property subject to section Other depreciation (incluint iii) MACRS De MACRS deductions for a if you are electing to group ar Se (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property 25-year property 25-year property 25-year property Residential rental | nstruction on 168(f)(1 of the second second preciations places the second secon | s) I) election S) ion (Do not inclu- ced in service in tax y aced in service during th Assets Placed in Se (b) Month and year placed in | Jde listed prope Sector rears beginning befor te tax year into one or n rivice During 2009 (c) Basis for depred (business/investmer | rty.) (See inst in A pre 2009 fore general asset ac Fax Year Using th iation it use period (d) Recover period 25 yrs. 27 5 yrs. | ruction counts, c | theck here ral Depreci Convention | (f) Met: | 15 16 17 stern | (g) Depreciation de | |
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| 15 16 17 17 18 19a b c d e f g | during the tax year (see i Property subject to section Other depreciation (incluint iii) MACRS De MACRS deductions for a if you are electing to group an Se (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property 25-year property 25-year property 25-year property 25-year property Residential rental property Nonresidential real property Sect | Instruction on 168(f)(1 ding ACR preciation ssets place ny assets place ny ass | s) I) election S) ion (Do not inclu- ced in service in tax y aced in service during th Assets Placed in Se (b) Month and year placed in | Jde listed prope Section Years beginning before tax year into one or n invice During 2009 (c) Basis for deprec (business/investmer only-see instruction | rty.) (See inst on A pre 2009 nore general asset ac Fax Year Using tr iation tu use period 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs. | y (e) C | MM MM MM MM MM | (f) Met: S/L S/L S/L S/L S/L S/L Ciation S | 15 16 17 stem rod | (g) Depreciation de | |
| 15 16 P 17 18 19 b c d e f g h i 20a | during the tax year (see i Property subject to section Other depreciation (incluint iii) MACRS De MACRS deductions for a if you are electing to group an Se (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property 25-year property 25-year property 25-year property 25-year property Residential rental property Nonresidential real property Sect Class life | Instruction on 168(f)(1 ding ACR preciation ssets place ny assets place ny ass | s) I) election S) ion (Do not inclu- ced in service in tax y aced in service during th Assets Placed in Service (b) Month and year placed in service | Jde listed prope Section Years beginning before tax year into one or n invice During 2009 (c) Basis for deprec (business/investmer only-see instruction | rty.) (See inst in A pre 2009 fore general asset ac Fax Year Using the iation it use ons) 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs. ix Year Using the | y (e) C | MM MM MM MM MM | (f) Met: S/L S/L S/L S/L S/L S/L Ciation S S/L | 15 16 17 stem rod | (g) Depreciation de | |
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|----|---|---------|----------|----|---------------------------------------|
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line | 21. Ent | ter here | ł | } |
| | and on the appropriate lines of your return. Partnerships and S corporations-see instructions | | | 22 | 48 |
| 23 | For assets shown above and placed in service during the current year, enter the |] | } | | |
| | portion of the basis attributable to section 263A costs | 23 | | | |

| portion of the bas | sis attributable to a | section 263A costs | |
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| 7/21/2010 4:49 PM | Fund Raising | \$ | | | |
| | Management & General \$ 220 | 20 20 15 5 310 | | | |
| atements | if - All Other Expenses Program Service | \$ | | | |
| Federal Statements | Form 990, Part IX, Line 24f - All Other Expenses Total Program Expenses Service | 20 20 5 5 310 | | | |
| | | | | | |
| 22-2539714 | Description Gifts | Total report Contributions Repairs and maintenance Bank charges Total | | | |

| 05/03/2010 10:0 | 1 AM | | | | | |
|---|--|---|---|---------------------------------------|--------------------------|--|
| Form 8868 (Rev. April 2009) | | | Application for Extension of Time To File an Exempt Organization Return | | | |
| Department of th | | • | File a separate application for each return. | | | |
| | | tomatic 3-Month Extension, co | omplete only Part I and check this box | | ► X | |
| • If you are | filing for an Ad | Iditional (Not Automatic) 3-Mor | nth Extension, complete only Part II (on page 2 of this for | m). | | |
| Do not compl | ete Part II uni | ess you have already been gran | ted an automatic 3-month extension on a previously filed F | orm 8868. | | |
| Part I | Automati | c 3-Month Extension of | Time. Only submit original (no copies needed | l). | | |
| A corporation Part I only | | Form 990-T and requesting an | automatic 6-month extension—check this box and complet | e | 🕨 🗍 | |
| | orations (includ ome tax return: | | REMICs, and trusts must use Form 7004 to request an ex | tension of | | |
| one of the reta | ims noted belo | ow (6 months for a corporation re | le Form 8868 if you want a 3-month automatic extension of equired to file Form 990-T). However, you cannot file Form | 8868 | | |
| • | | 1 1 | month extension or (2) you file Forms 990-BL, 6069, or 88 , you must submit the fully completed and signed page 2 (f | | | |
| | • | | , you must submit the fully completed and signed page 2 (r sit www.irs.gov/efile and click on e-file for Charities & Nonp | • | лш | |
| Type or | | empt Organization | | · · · · · · · · · · · · · · · · · · · | er identification number | |
| print | | NCY AID AND | | | | |
| File by the | INFORM | ATION CENTER IN | C | 22-2 | 539714 | |
| due date for | Number, str | eet, and room or suite no. If a P. | O. box, see instructions. | | | |
| filing your return. See | | MPSON STREET | | | | |
| Instructions. | City, town or RARITA | | e. For a foreign address, see instructions. NJ 08869 | | | |
| | | filed (file a separate application | | | | |
| X Form 99 | | | Form 990-T (corporation) | | Form 4720 | |
| Form 99 | | | Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) | | Form 5227 | |
| Form 99 | | | Form 1041-A | | Form 8870 | |
| | | | | | | |
| Telephone If the orga If this is for for the whole s | nization does i r a Group Retu group, check th | 8 - 526 - 8121 not have an office or place of bu urn, enter the organization's four his box \blacktriangleright . If it is for | FAX No. ► Isiness in the United States, check this box digit Group Exemption Number (GEN) or part of the group, check this box | . If this is lattach | | |
| | | is of all members the extension | | | | |
| • | | | ation required to file Form 990-T) extension of time on return for the organization named above. The extension | is | | |
| | organization's r | | | | | |
| | calendar year tax year begin | ning , and end | ding | | | |
| 2 If this ta | x year is for les | ss than 12 months, check reaso | n [.] 🗍 Initial return 🗍 Final return 🗌 Change | in accoun | ting period | |
| 3a If this a | oplication is for | Form 990-BL, 990-PF, 990-T, 4 | 720, or 6069, enter the tentative tax, | | | |
| | | e credits. See instructions. | | <u>3a</u> | \$ | |
| - | - | | ny refundable credits and estimated tax | | | |
| | | de any prior year overpayment a | | <u>3b</u> | \$ | |
| | | | ur payment with this form, or, if required, PS (Electronic Federal Tax Payment | i. | | |
| - |). See instruction | | | 3c | s | |
| | | | wal with this Form 8868, see Form 8453-EO and Form 88 | | L <u>T</u> | |
| for payment in | - | | | | | |

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