Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung The organization may have to use a copy of this return to satisfy state reporting requirements.

benefit trust or private foundation)

OMB No 1545-0047 Open to Public Inspection

For the 2008 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Please use IRS COMMUNITY PREGNANCY CENTER - AKA Address change SANTA CLARA CNTY CRISIS PREGNANCY CTRS onnt or Name change 94-2820673 type Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Specific 1150 HTLLSDALE AVENUE 33/5 Almaden #1012 25 Termin-(408)229-9836 Instruc-EXPYTERUNY Amende return 589,458. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-SAN JOSE, CA 95118 H(a) Is this a group return pending Yes X No F Name and address of principal officer: for affiliates? H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c) (3) (insert no.) If "No," attach a list. (see instructions) 4947(a)(1) or J Website: ► "N/A" H(c) Group exemption number ▶ K Type of organization X Corporation Association Other > L Year of formation 1987 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities. PROVIDE FREE PREGNANCY TESTS & Governance COUNSELING 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 24 Total number of employees (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a b Net unrelated business taxable income from Form 990-T, line 12 CEIVED 7Ь **Prior Year Current Year** OSC-686,190. 585,830. 8 Contributions and grants (Part VIII, line 1h) Revenue NOV 25 2009 Program service revenue (Part VIII, line 2g) RS-1,774 3,628. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 CT DEN, UT -9,429.-22,762. 11 678,535. 566,696. Total revenue - add lines 8 through 11 (must equal Part-VII 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 294,584 355,861. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 91,534. **b** Total fundraising expenses (Part IX, column (D), line 25) 350,157 306,536. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 644,741. 662,397. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 33,794 -95,701. 19 Revenue less expenses Subtract line 18 from line 12 Ses **Beginning of Year** End of Year Assets Balanc 967,063. 862,357. 20 Total assets (Part X, line 16) 680,241. 671,236. 21 Total liabilities (Part X, line 26) 286,822. 22 191,121 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge X 11-11-09 Sign Here Executive Diretor Date Check If Preparer's identifying number (see instructions) Preparer's Paid selfsignature employed > Preparer's Firm's name (or ACCOUNTING AND TAX BURNETT EIN ▶ Use Only self-employed 1238 SUSAN WAY SUNNYVALE, CA 94087 Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Nο LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

COMMUNITY PREGNANCY CENTER - AKA

1.	Briefly describe the organization's mission NONE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes", describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 500,809. including grants of \$)(Revenue \$ STAFF OVERSEES A NETWORK OF VOLUNTEERS AT THREE PREGNANCY CARE CTRS THAT PROVIDE FREE SVCS TO WOMEN & MEN WHO ARE FACING PREGNANCY DECISIONS. SVCS INCLUDE FREE PREGNANCY TESTS & ULTRASOUNDS LAY COUNSELING ON PREGNANCY OPTIONS,
4b	(Code:)(Expenses \$ including grants of \$)(Revenue \$) POST-ABORTION COUNSEL & CARRY-TO-TERM SUPPORT, SUCH AS FREE FIRST & SECOND TRIMESTER PRE-NATAL CARE, MATERNITY AND BABY CLOTHING & EQUIPMENT, CHILDBIRTH CLASSES, REFERRALS FOR SERVICES SUCH AS MEDICAL CARE, LEGAL ASSISTANCE & SOCIAL SERVICE (MEDI-CAL)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$) YOUTH EDUCATION SERVICES TRAINS TEAMS OF ADULT AND PEER ADVISORS TO SPEAK IN SCHLS THROUGHOUT THE VALLEY ON THE TOPIC OF SEXUAL DECISION-MAKING, SPEAKING TO TENS OF THOUSANDS OF STUDENTS IN THE LAST 7 YEARS.
4.4	Other and the second of December 19 Cohested 19 On
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ►\$ 500,809. (Must equal Part IX, Line 25, column (B).) Form 990 (2008)

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Form 990 (2008)

1 64	tiv Checklist of Required Schedules		,	
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete 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 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	<u> </u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u></u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>
			$\alpha\alpha\alpha$	

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SANTA CLARA CNTY CRISIS PREGNANCY CTRS Form 990 (2008) Part IV Checklist of Required Schedules (continued)

•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?	1		
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

Form 990 (2008) SANTA CLARA CNTY CRISIS PREGNAN

Part V Statements Regarding Other IRS Filings and Tax Compliance SANTA CLARA CNTY CRISIS PREGNANCY CTRS

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	t v Otalements negaring Other mo rangs and rax Compliance			. т	
٠				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a 10			
	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 re	eportable gaming		v	
0-	(gambling) winnings to prize winners?	i I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 24			
_	filed for the calendar year ending with or within the year covered by this return		t i	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see Did the organization have unrelated business gross income of \$1,000 or more during the year covere	•	20	İ	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	d by this return?	3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over a	30		
70	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		Х
b	If "Yes," enter the name of the foreign country:	accounty.	70		
_	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign I	Bank and			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regarding Prohibited			
	Tax Shelter Transaction?	-	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than \$75?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7ь		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	_		v
	to file Form 8282?	-	7c		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p benefit contract?	ersonal	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	·			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization.				
	excess business holdings at any time during the year?		8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		
10	Section 501(c)(7) organizations. Enter: N/A	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter: N/A				
a	Gross income from members or shareholders	11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	44.			
10-	amounts due or received from them)	11b		ŀ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	1	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	Form	990 (2	20081
					- 1 11 1 C

Form 990 (2008)

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See Instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		L X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ĺ		
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8ь	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	İ		
	and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		<u> </u>
<u>Sec</u>	tion B. Policies			
			Yes	No
12a		12a	Х	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,	
	In Schedule O how this is done	12c	X	
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:			v
a		15a		X
Þ		15b		
40	Describe the process in Schedule O. (see instructions)			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
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	tor		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
40	·	e	1	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	io tina	ncial	
20	statements available to the public.	.		
20		HOD' P	-	
	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza MELLICA HUTCHINSON = 408-229-9836			
	MELLISA HUTCHINSON - 408-229-9836 1150 HILLSDALE AVE #104, SAN JOSE, CA 95118			

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Form 990 (2008) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

Check this box if the organization did not co		y of	ficer			or, tn	uste		1	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours per	⊢ ·	heci	(all 1	that	app	iy)	compensation from	compensation from related	amount of other
	week	Individual trustae or director						the	organizations	compensation
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	88			ated		organization	(W-2/1099-MISC)	from the
		ustee	trust		88	nbeus		(W-2/1099-MISC)		organization
		dual t	Institutional frustee		oldr	S St Co	5			and related
		Indiv	Instit	Officer	Key employee	Highest compensated employee	Form			organizations
TOM RECINE					<u> </u>					
CHAIRMAN	3.00	X	-	X				0.	0.	0.
RUDY JANZEN									_	•
SECRETARY	2.00	X	ļ	X		<u> </u>		0.	0.	0.
ANDREA JANZEN			1							•
DIRECTOR	2.00	X	<u> </u>	X		<u> </u>		0.	0.	0.
LEEANNE KNAUS										^
DIRECTOR	2.00	X	<u> </u>	X		├-		0.	0.	0.
LARRY BONALDI	1 00	١.,		١,,						0
DIRECTOR	1.00	X	-	X		<u> </u>	<u> </u>	0.	0.	0.
WILL GOULDING	1 00	,,	Ì	,					_	0
DIRECTOR	1.00	X	├	X		-	┝	0.	0.	0.
VALERIE HILL-BEGIN 12/07	22.00	,				x		40,000.	0.	0.
EXEC DIRECTOR	32.00	X	\vdash	┢	-	_^	├	40,000.	0.	0.
JOHN REED VICE CHAIR/TREASURER	2.00	x		X				0.	0.	0.
DONNA RHODES	2.00	^	-	^		\vdash	┝			<u> </u>
DIRECTOR	1.00	X		x				0.	0.	0.
BARRY RODENGERG	1.00	<u> </u>		<u> </u>	-	\dagger		1		
DIRECTOR	1.00	x		x				0.	0.	0.
DIRECTOR		<u> </u>		==						
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COMMUNITY PREGNANCY CENTER - AKA SANTA CLARA CNTY CRISIS PREGNANCY CTRS

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rai	T VII Section A. Officers, Directors,	Trustees, Key E	mple	oyee	es, a	nd l	High	est	_	ees (continued)				
•	(A)	(B)							(D)	(E)			(F)	
	Name and title	Average	,		Pos			1. 3	Reportable	Reportable		1	stimate	
		hours	\vdash	heck	ck all that apply)			iy)	compensation	compensation		ar	nount	
		per week	director						from the	from related organization			other pensa	
		Week	l P	_			pa		organization	(W-2/1099-MI			rom th	
			l Bg	l age			ESUS		(W-2/1099-MISC)	(44-2/1099-141)	30)	i .	janizat	
			Į	la fa		5 2 2 3 3	g .	1	(1.12.1000 11.1100)			-	d relat	
			Individual trustee or	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Ē					anızatı	
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			-											
					L	L	<u> </u>		40.00					
1b	Total								40,000.		0.			0.
2	Total number of individuals (including th	ose in 1a) who re	eceiv	ed n	nore	tha	n \$1	00,0	000 in reportable					_
	compensation from the organization										<u> </u>		-	0
											ſ		Yes	No
3	Did the organization list any former office			, ke	y en	olqr	yee,	or h	nighest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J fo											3		X
4	For any individual listed on line 1a, is the			-					•	the organization				
	and related organizations greater than \$			-								4		X
5	Did any person listed on line 1a receive				rom	any	unr/	elat	ed organization for serv	ices rendered to				
	the organization? If "Yes," complete Sci	nedule J for such	pers	on								_5		<u> </u>
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest	compensated in	dep	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
	the organization.							Т		1				
	(A) Name and busine	ee addreee							(B) Description of s	envices	C	Omoei	5) nsatio	n
	ramo ana odem								Description of s	CIVICES		Ompe	- Satio	
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	-						-	\dashv						
2	Total number of independent contractor	rs (including thee	e in	1) w/	ho re		ved	mor	e than \$100 000 in com	pensation		••••••	·····	
-	from the organization	0	J 111	., **	,,,,,,,,,,	JOE11	,		C man wroo,ooo iii com	perisation				
		-	_									Form	990 (2	2008
												· OHIII		_~~)

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COMMUNITY PREGNANCY CENTER - AKA

		` , 		NTI CKIS	15 PREGNAM	CI CIRS	94-2020	0/3 Page 9
Pa	rt VII	Statement of Rever	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
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	tions) 1d le lits, and le lits 4	63,004.				
ပြုံ	h	Total. Add lines 1a-1f		>	585,830.			
rvice	2 a b			Business Code				
Program Service Revenue	c d							
Pro		All other program service reverse Total. Add lines 2a-2f	enue	•				
	3	Investment income (including other similar amounts)		est, and	1,628.	1,628.		
	4 5	Income from investment of ta Royalties	x-exempt bond p	(ii) Personal				
	С	Less: rental expenses Rental income or (loss)						
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other 2,000.				•
	c	and sales expenses Gain or (loss) Net gain or (loss)		2,000.	2,000.			2,000.
Other Revenue		Gross income from fundraisin including \$ 122,8 contributions reported on line Part IV, line 18 Less: direct expenses	326 • of	22,762.				
ಕ		Net income or (loss) from fund	_	22,702.	-22,762.	-22,762.		
	9 a	Gross income from gaming ad Part IV, line 19	_		227,02.	227702.		
	С	Less: direct expenses Net income or (loss) from gan	-	>				······································
	b	Gross sales of inventory, less and allowances Less: cost of goods sold	a b					
}		Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
	b					_		
	C		 					
	d e	All other revenue Total. Add lines 11a-11d		•	<u> </u>			
	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 10		566,696.	-21,134.	0.	2,000.
83200 02-02					· - · · ·		1	Form 990 (2008)

COMMUNITY PREGNANCY CENTER - AKA

SANTA CLARA CNTY CRISIS PREGNANCY CTRS

Form 990 (2008) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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	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 5	Benefits paid to or for members	1			
5	Compensation of current officers, directors, trustees, and key employees	40,000.	27,600.	4,800.	7,600.
6	Compensation not included above, to disqualified	10,000	27,000.	1,000.	7,000.
·	persons (as defined under section 4958(f)(1)) and		·		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	269,153.	185,716.	32,298.	51,139.
8	Pension plan contributions (include section 401(k)	• • • • •	, . =	-,	<u> </u>
-	and section 403(b) employer contributions)	j			
9	Other employee benefits	21,329.	17,435.	1,496.	2,398.
10	Payroll taxes	25,379.	17,512.	3,046.	4,821.
11	Fees for services (non-employees):			1.3	
а	Management				
b	Legal				
C	Accounting	685.	685.		<u> </u>
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	36,429.	30,065.	6,364.	
12	Advertising and promotion	1,963.	1,963.	5 005	
13	Office expenses	14,929.	8,765.	5,285.	879.
14	Information technology	14,748.	13,569.	442.	737.
15	Royalties .	04 072	76 020	A 145	2 000
16	Occupancy	84,973.	76,829.	4,145.	3,999.
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	16,442.	15,256.	1,186.	
19	Conferences, conventions, and meetings	42,060.	42,060.	1,100.	······································
20 21	Interest Payments to affiliates	12,000.	12,000.		
22	Depreciation, depletion, and amortization	18,707.	17,155.	582.	970.
23	Insurance	5,321.	4,895.	160.	266.
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)	-,	-,		
а	SUPPLIES	29,925.	9,228.	4,551.	16,146.
b	PRINTING	12,514.	6,978.	2,957.	2,579.
c	PHYSICAL SUPPORT	11,208.	11,208.	,	-,
d	CLIENT LITERATURE	7,310.	7,310.		
e	VOLUNTEER COSTS	7,017.	6,580.	437.	,,
f	All other expenses	2,305.		2,305.	
25	Total functional expenses. Add lines 1 through 24f	662,397.	500,809.	70,054.	91,534.
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	

832010 12-18-08

Form **990** (2008)

94-2820673 Page **10**

COMMUNITY PREGNANCY CENTER - AKA

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SANTA CLARA CNTY CRISIS PREGNANCY CTRS

94-2820673 Page **11**

	990 (ANCY CTRS 94-2	2820673 Page 11
Pa	rt X	Balance Sheet		
•			(A) Beginning of year	(B) End of year
	1	Cash · non-interest-bearing	1	-1.
	2	Savings and temporary cash investments	208,683. 2	145,909.
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	30,266. 4	13,220.
	5	Receivables from current and former officers, directors, trustees, key		
	1	employees, or other related parties. Complete Part II of Schedule L	5	
	6	Receivables from other disqualified persons (as defined under section		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		
		Part II of Schedule L	6	
Assets	7	Notes and loans receivable, net	7	
\ss	8	Inventories for sale or use	10 335	14 014
•	9	Prepaid expenses and deferred charges	19,335. 9	14,314.
	l	Land, buildings, and equipment: cost basis 10a 832,862	•	
	ם	Less: accumulated depreciation. Complete Part VI of Schedule D 105,772	. 695,796. 10c	677,090.
	11	Part VI of Schedule D Investments · publicly traded securities		077,090.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	11 12	
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets See Part IV, line 11	12,983. 15	11,825.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	967,063. 16	862,357.
	17	Accounts payable and accrued expenses	4,988. 17	7,778.
	18	Grants payable	18	
Liabilities	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	T-18:
	21	Escrow account liability. Complete Part IV of Schedule D	21	······································
	22	Payables to current and former officers, directors, trustees, key employees,		
Lia I		highest compensated employees, and disqualified persons. Complete Part II		
	00	of Schedule L	661,390.23	647,450.
	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable	661,390.23	047,430.
	25	Other liabilities. Complete Part X of Schedule D	13,863. 25	16,008.
	26	Total liabilities. Add lines 17 through 25	680,241. 26	671,236.
		Organizations that follow SFAS 117, check here X and complete	, ==	
S		lines 27 through 29, and lines 33 and 34.		
Š	27	Unrestricted net assets	268,893. 27	172,328.
3ala	28	Temporarily restricted net assets	17,929. 28	18,793.
Fund Balances	29	Permanently restricted net assets	29	
Ţ		Organizations that do not follow SFAS 117, check here and		
Net Assets or		complete lines 30 through 34.		
set	30	Capital stock or trust principal, or current funds	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	31 32	
Š	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	286,822. 33	191,121.
	34	Total liabilities and net assets/fund balances	967,063. 34	862,357.
Pa	rt XI	Financial Statements and Reporting	30,7000,00	002/33/1
				Yes No
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual	Other	
2a		e the organization's financial statements compiled or reviewed by an independent	accountant?	. 2a X
b	Were	e the organization's financial statements audited by an independent accountant?		2b X
C		es" to lines 2a or 2b, does the organization have a committee that assumes response	· ·	
		w, or compilation of its financial statements and selection of an independent according to the compilation of its financial statements and selection of an independent according to the compilation of the		2c
3a		result of a federal award, was the organization required to undergo an audit or au	idits as set forth in the Single Audit	
L		and OMB Circular A-133?		3a X

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SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY PREGNANCY CENTER - AKA

Inspection
Employer identification number

				LARA CNTY CR							-2820	6/3		
Pε	rt I	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t.) (see ins	tructions)					
The	organ	ization is not a	a private foundation	because it is: (Please ch	neck only o	ne organi	zation.)							
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i).					
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3	\Box			ital service organization			170(b)(1)	(A)(iii), (At	tach Sche	edule H.)				
4	一			operated in conjunction						-	ne hospital	's name		
•		city, and stat				pital coop			(-)(-)(-	iiji Eritor ti	io nospital	3 Harrio	,	
5		-		benefit of a college or u	niversity o	wned or o	porated by		montal un	ıt dosoribo	d in			
5	ш				inversity o	wiled of of	Jeraled by	a govern	ineniai on	it describe	u III			
_			(b)(1)(A)(iv). (Compl			.1	4700.16	41/41/						
-	$\overline{\mathbf{X}}$	•	,	ent or governmental uni										
1				eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general p	ublic desc	ribed in		
_		•	(b)(1)(A)(vi). (Comple	•										
8	님	-		section 170(b)(1)(A)(vi).		-								
9	ш			elves: (1) more than 33										
				nctions - subject to certa							_			
		income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	anization at	fter June 3	30, 1975		
		See section	509(a)(2). (Complete	e the Part III.)										
10		_	-	perated exclusively to te	=	•			- •	•				
11		An organizat	ion organized and o _l	perated exclusively for ti	he benefit	of, to perfo	orm the fu	nctions of	or to carı	y out the p	ourposes o	of one or		
		more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509	(a)(3). Chec	ck the box	that		
		describes the	e type of supporti <u>ng</u>	organization and compl	let <u>e lin</u> es 1	1e through	11h.							
		a Type	l b	_l Type II	с 📖 Тур	e III · Fund	tionally in	tegrated		d	Type III - 0	Other		
е		By checking	this box, I certify that	at the organization is not	controllec	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er than		
		foundation m	nanagers and other t	han one or more publicl	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2).		
f		If the organiz	ation received a writ	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
		supporting o	rganization, check th	nis box										
g	ı	Since Augus	t 17, 2006, has the o	organization accepted ai	ny gift or c	ontribution	from any	of the foll	owing per	sons?				
_				lirectly controls, either a								Yes	No	
			•	upported organization?	, and the second		•			, , ,	11g(i)			
		-			•						11g(ii)			
		•	ii) A famlly member of a person described in (i) above? iii) A 35% controlled entity of a person described in (i) or (ii) above?											
h			% controlled entity of a person described in (i) or (ii) above? 11g(iii)											
		1 104,00 (110 1	ollowing information	about the organizations	ino organ		oponts.							
				(ıii) Type of	(iv) Is the c	organization	(v) Did voi	u notify the	(vi) Is	tho				
(1)		of supported	(ii) EIN	organization		sted in your			Lorganizati	on in col l		nount of		
	orga	inization		(described on lines 1-9	1 ''	document?	, ,	r support?	(ı) organız U S	ed in the	sup	port		
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No				
				(555555))										
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832021 12-17-08

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

Schedule A (Form 990 or 990-EZ) 2008

COMMUNITY PREGNANCY CENTER - AKA

Schedule A (Form 990 or 990-EZ) 2008 SANTA CLARA CNTY CRISIS PREGNANCY CTRS 94-2820673 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 640,556. 612,033. 686,190. 563,068. 3140884. 639,037. 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 639,037. 640,556. 612,033. 686,190. 563,068. 3140884. 4 Total. Add lines 1 · 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 3140884. 6 Public Support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 3140884. 639,037. 640,556. 612,033. 686,190. 563,068. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 281 1,802. 3,556. 1,774. 1,628. 9,041. and income from similar sources Net income from unrelated business. activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 2,000. 2,000. assets (Explain in Part IV.) 3151925. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.65 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 % 99.76 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright [X]$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2008

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sch	edule A (Form 990 or 990-EZ) 2008		5 11 11	0 1: 500/	1/0)	 	Page 3
	rt III Support Schedule for C	<u>)rganizations</u>	Described in	Section 509(a	(Complete only	/ if you checked the b	ox on line 9 of Part I
	ction A. Public Support				<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 per-	,					
	formed, or facilities furnished in	'				,	
	any activity that is related to the organization's tax-exempt purpose					}	
2	Gross receipts from activities that				 		
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					-	
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					-	
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 · 5					<u> </u>	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of 1% of the total of lines 9,						
	10c, 11, and 12 for the year or \$5,000						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						-
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	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	1					
	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	- C + D-				· - ·	_
	ction C. Computation of Publ					T:_ T	
	Public support percentage for 2008 (I			column (f))		15	%
16	Public support percentage from 2007					16	%
	ction D. Computation of Inves			- 10! (0)		147	
	Investment income percentage for 20	•	•			17	
18	Investment income percentage from 2				. 45	18	<u>%</u>
198	33 1/3% support tests - 2008. If the						/ is not
	more than 33 1/3%, check this box as						▶
C	33 1/3% support tests - 2007. If the						and
20	line 18 is not more than 33 1/3%, che					-	
_20	Private foundation. If the organization	n dia not check a	00X On line 14, 19	a, or 190, check th			0.000 570 0000
					Sci	nedule A (Form 99)	u or 990-EZ) 2008

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

COMMUNITY PREGNANCY CENTER - AKA

SANTA CLARA CNTY CRISIS PREGNANCY CTRS

Employer identification number 94-2820673

Pa	11 Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
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	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may be us	ed only
	for charitable purposes and not for the benefit of the donor of		
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an histori	ically important land area
	Protection of natural habitat	Preservation of certified I	historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a conserv	vation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired		_2d_
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the taxable
	year ►		
4	Number of states where property subject to conservation ea	- · · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, violations, and	
_	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	_	
7	Amount of expenses incurred in monitoring, inspecting, and Does each conservation easement reported on line 2(d) above		4)/D)/G)
8	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(n)(4)(B)(I) Yes No
9	In Part XIV, describe how the organization reports conservati	ion assements in its revenue and expense str	
3	include, if applicable, the text of the footnote to the organizar		
	conservation easements.	tion's finalicial statements that describes the	organization's accounting for
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and balar	nce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	
	the footnote to its financial statements that describes these	•	, , , , , , , , , , , , , , , , , , , ,
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance s	sheet works of art. historical treasures.
	or other similar assets held for public exhibition, education, o		
	these items:		3
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 1	-	·
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$

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Schedule D (Form 990) 2008

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))

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		TY PREGNAN								
		LARA CNTY						-2820		
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Other	r Similar A	Assets (continu	red)
.3	Using the organization's accession and other	r records, check an	y of the f	ollowing tha	at are a signif	cant use	of its collection	on Items (check a	all
	that apply):									
а	Public exhibition	•	ı 🗀	Loan or exc	hange progra	ams				
b	Scholarly research			Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizati	on's exem	npt purpose i	n Part XIV	' .	
5	During the year, did the organization solicit of	•		-	-					
	to be sold to raise funds rather than to be ma							☐ Ye	es l	☐ No
Par	t IV Trust, Escrow and Custodial					ered "Yes"	to Form 990			
	reported an amount on Form 990, Pa		,		_					
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets not I	ncluded			
	on Form 990, Part X?							Ye	es	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	table:						
								Am	ount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Ye	es	No
b	If "Yes," explain the arrangement in Part XIV.	•								
Par	,		ered "Ye	s" to Form 9	990, Part IV, I	line 10.				
		(a) Current year		rior year	(c) Two year		d) Three years	back (e)	Four ve	ars back
1a	Beginning of year balance	11	1				-1	197		
	Contributions						*******************			***************************************
	Investment earnings or losses						······		•••••	~~~~~~
	Grants or scholarships		· · · · · · · · · · · · · · · · · · ·				*			······································
	Other expenditures for facilities		·						·····	
_	and programs									
4	Administrative expenses			······································					······	
g	End of year balance		· · · · · · · · · · · · · · · · · · ·	******************						
2	Provide the estimated percentage of the year	r end balance held :	36, 		·					
	Board designated or quasi-endowment	i end balance neld								
	Permanent endowment	%	_^							
	Are there endowment funds not in the posse	,	ation tha	at are held a	nd administs	rod for the	o organizatio	_		
Ja		ssion of the organiz	allon line	it are nelu a	ina administe	iled for the	e Organization	11	Ye	s No
	by: (i) unrelated organizations							2	a(i)	55 NO
	(ii) related organizations									+
.		a listed on required	an Cabas	tulo D2					a(ii)	-
	If "Yes" to 3a(ii), are the related organizations								3b	
Par	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Port V. line	10				
								(-0.1		
	Description of investment	(a) Cost or of basis (investi			or other (other)	(c) De	preciation	(0)	Book va	aiue
	l and	Dasis (IIIVesti			7,800.				507	800
	Land	-			$\frac{7,800.}{2,200.}$		7,874			800.
	Buildings			11	2,200.		1,014	•	104,	326.
	Leasehold improvements					_		 		
	Equipment	-		21	2,862.	1	47,898.	-	61	964.
е	Other	1	I	41	4,004.	Τ.	<i>ユ / ひき</i> ひ (•	υ u ,	ノレせ・

Schedule D (Form 990) 2008

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COMMUNITY PREGNANCY CENTER - AKA

Schedule D (Form 990) 2008 SANTA CLARA CNTY CRISIS PREGNANCY CTRS 94-2820673 Page 3 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives and other financial products Closely-held equity interests Other Total. (Col (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation (b) Book value (a) Description of investment type Cost or end-of-year market value Total. (Col (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (b) Book value (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes ACCRUED COMPENSATION <u>2,</u>046. CURRENT PORTION LT DEBT 13,962. 16,008. \triangleright Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

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.

832053 12-23-08

31404002 119 737717 COMMUNITY PREGNANCY CENTER - AKA SANTA CLARA CNTY CRISIS PREGNANCY CTRS Schedule D (Form 990) 2008 94-2820673 Page 4 Part XI | Reconciliation of Change in Net Assets from Form 990 to Financial Statements 566,696. Total revenue (Form 990, Part VIII, column (A), line 12) 662,397. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3 3 -95,701Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 Investment expenses 6 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) Ō. 9 9 Total adjustments (net). Add lines 4-8 -95,701 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 566,696. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a b Donated services and use of facilities 2b 2c c Recoveries of prior year grants d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 3 566,696. 3 Subtract line 2e from line 1 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 4a b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c 566,696 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 662,397. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Losses reported on Form 990, Part IX, line 25 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 662,397. 3 3 Subtract line 2e from line 1 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 4b **b** Other (Describe in Part XIV) c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to 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 X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule D (Form 990) 2008

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SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY PREGNANCY CENTER - AKA

Inspection
Employer identification number

	LARA CNTY CRISIS P				94-2820	0673
Part I Fundraising Activities	 Complete if the organization answer 	ered "	es" to	o Form 990, Part IV,	line 17.	
Indicate whether the organization rais	e Solicitat f Solicitat g X Special	ion of ion of fundra (includ	non-g gover alsing ding o	overnment grants nment grants events fficers, directors, tru	stees or	s X No
b If "Yes," list the ten highest paid ind		uant te	agre	ements under which	the fundraiser is to	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have co or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
			-			-
		_				
T-1000						_
otal	_					!
3 List all states in which the organization	on is registered or licensed to solicit f	unds (or has	been notified it is ex	empt from registrat	ion or licensing.
	-					
		-	•			
				_		
	, <u>, , , , , , , , , , , , , , , , , , </u>					
				·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	· · · · · · · · · · · · · · · · · · ·	

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

Schedule G (Form 990 or 990-EZ) 2008

COMMUNITY PREGNANCY CENTER - AKA

Schedule G (Form 990 or 990-EZ) 2008 SANTA CLARA CNTY CRISIS PREGNANCY CTRS 94-2820673 Page 2

Pa	irt i	·			IV, line 18, or reported	more than	\$15,00	0
•		on Form 990-EZ, line 6a List events with	gross receipts greater t	han \$5,000 (b) Event #2	(c) Other Events			
			1.	1 ' ' 1		(d) To	tal Even	ıts
			DINNERS OF	WALK FOR	NONE	(Add col	. (a) thre	ough
			VISION	LIFE		MI.	ol. (c))	•
e e			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	23,135.	99,691.		1	22,8	26.
	_							
	2	Less: Charitable contributions		-				
	3_	Gross revenue (line 1 minus line 2)	23,135.	99,691.		1	22,8	26.
	4	Cash prizes						
ses	5	Non-cash prizes						
Direct Expenses	6	Rent/facility costs						
Direc	7	Other direct expenses				<u> </u>		_
	8	Direct expense summary. Add lines 4 through	n 7 ın column (d)		•	<u> </u>)
	9	Net income summary Combine lines 3 and 8	ın column (d)		•	1	22,8	26.
Pa	ırt I	Gaming. Complete if the organization		990, Part IV, line 19, or re	eported more than		<u> </u>	
		\$15,000 on Form 990-EZ, line 6a.						
<u>o</u>			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total		
Revenue			(-,3-	bingo/progressive bingo	(5) 5 (1) 5 (2) (1) (1)	col (a) thr	ough c	ol. (c))
ev.								
ш.	1	Gross revenue						
							-	
,,	2	Cash prizes						
se		•						
be	3	Non-cash prizes						
ភ្ន		Then such prizes	,					
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No			
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	(_)
		N	4 17 1 48		_			
	8	Net gaming income summary. Combine lines	1 and / in column (d)	· · · · · ·		L	Yes	No
^	F-4	tar the etate(s) is which the exceptation and	too coming activition.				162	140
9		ter the state(s) in which the organization opera	_	-4-40			1	ĺ
		he organization licensed to operate gaming ac	ctivities in each of these	states?		9a		
D	IT -	No," Explain.						
40-	1010				0	100		
		ere any of the organization's gaming licenses re	evokea, suspended or te	minated during the tax y	ear (10a	<u>'</u>	
D	11	Yes,* Explain:						
				, <u> </u>				
11	Do	es the organization operate gaming activities v	vith nonmembers?			11		
12		he organization a grantor, beneficiary or truste		of a partnership or other	entity formed to			
	adı	minister charitable gaming?			<u></u>	12		L

Schedule G (Form 990 or 990-EZ) 2008

COMMUNITY PREGNANCY CENTER - AKA

Schednie G (Form aan of aan-ES) Sons BRATA CHARA CHIT CKIPID LKEGNANCI CII	13 34-20	2007		age 3 _
13 Indicate the percentage of gaming activity operated in.	I	F	Yes	No
a The organization's facility	9/			
b An outside facility 13a		⊣ :		
14 Provide the name and address of the person who prepares the organization's gaming/special events books an		4		
14 Provide the name and address of the person who prepares the organization's gaming special events books an	a records.			
Name				
Address ►				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the of gaming revenue retained by the third party ► \$	amount			
c If "Yes," enter name and address:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ \$				
Description of services provided ▶				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?	•	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in	ı the			
organization's own exempt activities during the tax year 🕨 💲				

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990) Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization	COMMUNITY PREGNANCY CENTER - AKA SANTA CLARA CNTY CRISIS PREGNANCY CTRS	Employer identification number 94-2820673
FORM 990, PAF	T III, LINE 4D, OTHER PROGRAM SERVICES:	
STUDENTS IN T	HE LAST 8 YEARS	
FORM 990, PAR	T VI, SECTION A, LINE 10: BOARD PERFORMS DET	AILED REVIEW WITH
THE DIRECTOR.		
FORM 990, PAR	T VI, SECTION B, LINE 12C: ALL OFFICERS, DIR	ECTORS, AND KEY
EMPLOYEES MUS	T READ AND COMPLY IN ANY TRANSACTION THAT IN	VOLVES A CONFLICT
OF INTEREST.		
FORM 990, PAF	T VI, SECTION C, LINE 19: UPON REQUEST	
-		
••		
•		

Depreciation and Amortization (Including Information on Listed Property)

990

Internal Revenue Service	e (99)	See separate instru	ictions. 🕨 Attac	ch to your tax i	eturn.		Sequence No 67		
Name(s) shown on retu			Bus	ness or activity to w	hich this form relate	es	Identifying number		
COMMUNITY	PREGNANCY C	CENTER - AK	:A						
	ARA CNTY CRIS		ľ	RM 990 I	PAGE 10		94-2820673		
· · ·	n To Expense Certain Prop					V hefore vo			
	ount. See the instruction			otoo proporty,	ouripioto i dit	1	250,000		
	section 179 property pla	•				2	230,000		
	st of section 179 propert	,	•			3	800,000		
	limitation. Subtract line 3	•				4	000,000		
_			•			5			
5 Dollar limitation fo	r tax year Subtract line 4 from li (a) Description of	•		iness use only)	(c) Electe				
0	(3) 2 333.12 11011 311	property	(5) 5551 (545	,,,,,ooo doo oy,	(0) 2.00.0	3 0031			
	Y-73	··· =							
			-						
7 Listed proper	ty. Estat the amount from	m line 20		7					
	ty. Enter the amount from		(-) C	<u> </u>					
	cost of section 179 prop	•	n column (c), lines 6 an	u /		8			
	luction. Enter the smalle		7 5 4500			9			
•	disallowed deduction fro	•		> 5		10			
			aller of business income (not less than zero) or line 5 as 9 and 10, but do not enter more than line 11						
	•					12	×		
	disallowed deduction to Part II or Part III below f			▶ 13		į.	<u></u>		
	cial Depreciation Allow			unda linkani muam					
ганы эре	cial Depreciation Allow	ance and Other De	preciation (Do not inci	ude listed prop	erty. j	- 			
•	eciation for qualified prop	• .	d property) placed in s	ervice during th	e tax year	14			
	ect to section 168(f)(1) e	election				15			
	nation (including ACRS)			- \		16			
POTER MA	CRS Depreciation (Do r	iot include listed pro		s.,			· · · · · · · · · · · · · · · · · · ·		
			Section A				11 060		
	ictions for assets placed	·	-			_ <u>17 </u>	11,869.		
18 If you are electing	to group any assets placed in se				_				
 	Section B - Asset		During 2008 Tax Year	Using the Ge	neral Deprecia	ation Systei	n		
(a) Clas	sification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction		
19a 3-year pro	perty								
b 5-year pro	perty								
c 7-year pro	perty		23,933	. 7 YRS.	HY	SL	6,838.		
d 10-year p	roperty								
<u>e</u> 15-year p	roperty	_ _							
_f 20-year p	roperty								
g 25-year p	roperty			25 yrs.		S/L			
		/		27.5 yrs.	MM	S/L			
h Residenti	al rental property	/		27.5 yrs.	MM	S/L			
		/		39 yrs.	ММ	S/L			
i Nonresid	ential real property	/		1	MM	S/L	·		
	Section C - Assets	Placed in Service D	Ouring 2008 Tax Year I	Jsing the Alter			em		
20a Class life			•	1		S/L			
b 12-year		- -		12 yrs.		S/L			
c 40-year				40 yrs.	MM	S/L			
r 	mary (See instructions.)			10 yis.	1 141141	<u> </u>			
• • • • • • • • • • • • • • • • • • • •	ty. Enter amount from Ir					24			
• •	ty. Enter amount from in nounts from line 12, lines		10 and 20 in column	a) and has 04		21			
	d on the appropriate line				tr.	22	18,707.		

portion of the basis attributable to section 263A costs LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

Form 4562 (2008)

47,866

125

COMMUNITY PREGNANCY CENTER - AKA

Form	4562	(2008)	
1 (1)	7002	120007	

SANTA CLARA CNTY CRISIS PREGNANCY CTRS

9	4 –	2	8	2	0	6	7	3	Page	2
---	-----	---	---	---	---	---	---	---	------	---

											9
Part V	Listed Property (Inclu	de automobiles	, certain othe	r vehicles,	cellular telepi	nones, certain	computers, and	d propert	y used for e	entert	ainment
	recreation, or amusem	ient.)									

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Sec	tion A - Depreciation a			tion: See the instr		or limits fo	or passeno	er automi	hiles 1			
	Do you have evidence to s				Yes	□ No	,		•	ice written?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or	Basis for o	(e) depreciation finvestment only)	(f) Recovery period	(9 Meth Conve) od/	(h) Depreciation deduction	Ele secti	(i) ected on 179 cost
25	Special depreciation allo	wance for o	ualified listed pro	operty placed in s	ervice du	ring the ta	ax year an	d				
	used more than 50% in	a qualified b	usiness use						25			
26	Property used more that	n 50% in a c	ualified busines:	s use:								-
	· - ·		%									
			%									
			%									
27	Property used 50% or le	ess in a qual	fied business us	se:					•	· •		
			%					S/L -				***************************************
			%					S/L·			1	
			%					S/L -			1	
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on line	21, pag	e 1			28		1	
	Add amounts in column	• • •	•							29		
				tion B - Informat	tion on U	se of Vet	nicles					
_	1 4 41 . 4. 4				•							

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	3	· ·	a) ncle	1	o) iicle	(d Veh	-	1	d) iicle	(e Veh	e) iicle	(i Veh	f) licle
31	year (do not include commuting miles) Total commuting miles driven during the year							-					 -
	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<u> </u>	note of foldior polocitor		_					
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your					Yes		No
	employees?					<u> </u>		
38	Do you maintain a written policy statement that	at prohibits p	ersonal use of vehicles, ex	cept commuting, b	oy your			
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners							
39	Do you treat all use of vehicles by employees as personal use?							
40	o you provide more than five vehicles to your employees, obtain information from your employees about							
	the use of the vehicles, and retain the informa	tion received	ין			Ĺ		
41	Do you meet the requirements concerning qua	alified autom	obile demonstration use?					
	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," do no	ot complete Section B for t	he covered vehicle	s.			•••••
P	art VI Amortization							
	(a)	(b)	(c)	(d)	(e)	<u>(f)</u>		
	Description of costs	Date amortization	Amortizable	Code	Amortization	Amortiza	ation	

FERT VI Ame	(a)	(b)	(c)	(d)	(e)	(f)
	Description of costs		Amortizable amount	Code section	Amortization period or percentar	Amortization for this year
42 Amortization	of costs that begins duri	ng your 2008 tax year:				
43 Amortization	3 Amortization of costs that began before your 2008 tax year					3
44 Total. Add a	Total. Add amounts in column (f). See the instructions for where to report					4

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Form 4562 (2008)

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					nth Extension, cor an automatic 3-mon						
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• The	e books	are in the car	e of ▶ Melissa H	luchinson							
Tel	ephone	No. ► (40	B) 229-9	9836	FAX No. ► !)					
• If the	he orga	ınization does ı	not have an office	or place of bu	usiness in the Unite	d State	es, check this	box .		▶ □	
• If t	his is fo	or a Group Reti	urn, enter the org	anization's fou	r digit Group Exemp	ption N	lumber (GEN)			. If this is	
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7	Ctoto:	n detect why we	ess than 12 mon	nis, check reas	nization has not b	een ab	le to accumu	Chang	5 III a	ccounting period	
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it is tr	ue, corre	ct, and complete, a	ind that I am authorize	repare this to	orm						
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