IRS e-file Signature Authorization OMB No. 1545-1878 for an Exempt Organization Form 8879-EO For calendar year 2015, or fiscal year beginning , 2015, and ending Do not send to the IRS. Keep for your records. Department of the Treasury ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number REAL OPTIONS PREGNANCY MEDICAL CLINICS CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Name and title of officer VALERIE HILL EXEC DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) ______ 3b _____ 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize BURNETT ACCOUNTING AND TAX SERVICE to enter my PIN 95126 **ERO firm name** do not enter all zeros as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 77011494087 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns ERO's signature ▶

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15 Form **8879-EO** (2015)

EXTENDED TO NOVEMBER 15, 2016

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 private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

<u>A</u>	For the	e 2015 calendar year, or tax year beginning	and	ending		
В	Check if applicabl	C Name of organization REAL OPTIONS PREGNANCY MEDICAL	CLINIC	s	D Employer identif	ication number
Г	Addre chang					
	Name chang		<u> </u>		94-2	820673
	inilia(return Fina)	1.671 mum ar assens		Room/suite	E Telephone numbe	
	returni termin ated	1671 THE ALAMEDA		101	(408	
Г	ated Amend return		ostal code		G Gross receipts \$ H(a) Is this a group r	1,634,659.
┌	Applic	F Name and address of principal officer: VALERIE HILI	Τ,			s? Yes X No
_	pendir	1237 WOODED HILLS DR, SAN JOSE,	CA 95	120	H(b) Are all subordinates I	
	Tayay	empt status: X 501(c)(3) 501(c) ()	4947(a)(1)	·····	1	list. (see Instructions)
		e: NWW.REALOPTIONS.NET		01 []: 021	H(c) Group exemption	
			Other >	1 Vane		M State of legal domicile: CA
		Summary	30161 F	IL TEAL	11 1011112(101). 1702[1	vi state of legal corriche. C.A.
ė.	1	Briefly describe the organization's mission or most significant activi	ties: PROV	IDE FR	EE PREGNANC	Y TESTS &
Activities & Governance		COUNSELING				
T.	2	Check this box 🕨 🔲 if the organization discontinued its opera	tions or dispo	sed of more	than 25% of its net a	ssets.
o.	3	Number of voting members of the governing body (Part VI, line 1a)				9
Ö	4	Number of independent voting members of the governing body (Pa	rt VI, line 1b)		4	.9
9	5	Total number of individuals employed in calendar year 2015 (Part V				32
Ě	6	Total number of volunteers (estimate if necessary)				100
渡	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
⋖	ь	Net unrelated business taxable income from Form 990-T, line 34				
					Prior Year	Current Year
æ	8	Contributions and grants (Part VIII, line 1h)			2,394,726.	
Revenue		Program service revenue (Part VIII, line 2g)			666.	
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-6,432.	3,045.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	7,605.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column	and the second s		2,396,565.	1,478,645.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0
Ø	!	Salaries, other compensation, employee benefits (Part IX, column (772,901.	979,713.
Se	16a	Professional fundraising fees (Part iX, column (A), line 11e)			0.	0 -
Expenses	b	Fotal fundraising expenses (Part IX, column (D), line 25)	228,1	15.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			844,376.	826,653.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line			1,617,277.	
	19 1	Revenue less expenses. Subtract line 18 from line 12			779,288.	-327,721.
Net Assets or Fund Balances	1.5	TOTAL STATE OF THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		inning of Current Year	End of Year
age E	20	Total assets (Part X, line 16)			2,439,387.	1,998,101.
ASS	21	Fotal liabilities (Part X, line 26)	•		208,327.	94,762.
誓	22	Net assets or fund balances. Subtract line 21 from line 20			2,231,060.	1,903,339.
P.	art II	Signature Block				
		ties of perjury, I declare that I have examined this return, including accompa	invina schedule	s and stateme	ents, and to the best of m	v knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all in			•	,, , ,
		k				
Sig	n I	Signature of officer			Date	
Her		VALERIE HILL, EXEC DIRECTOR				
	1	Type or print name and title				
		Print/Type preparer's name Preparer's signatu	118	Di	ate Check	X PTIN
Paid		HENRY BURNETT			if self-employ	mo1063433
	<u> </u>		X SERV	ICE	Firm's EIN	
		Firm's address 1238 SUSAN WAY				
		SUNNYVALE, CA 94087			Phone no. (*4	08)737-9318
May	the IR	S discuss this return with the preparer shown above? (see instruct	ions)			X Yes No

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Form 990 (2015) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: WE COMMIT TO EMPOWERING AND EQUIPPING WOMEN AND MEN TO CHOOSE LIFE FOR THEIR UNBORN CHILDREN THROUGH THE LOVE OF JESUS CHRIST IN ACCORDANCE WITH HIS WORD REGARDING THE SANCTITY OF HUMAN LIFE. 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 If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,284,722 including grants of \$ 1,467,469.) (Revenue \$ (Code:) (Expenses \$ STAFF OVERSEES A NETWORK OF VOLUNTEERS AT THREE PREGNANCY CARE CENTERS THAT PROVIDE FREE SERVICES TO WOMEN & MEN WHO ARE FACING PREGNANCY DECISIONS. SERVICES INCLUDE FREE PREGNANCY TESTS & ULTRASOUNDS, PRENATAL CARE, & LAY COUNSELING ON PREGNANCY OPTIONS. 4ь) (Revenue \$ (Code:) (Expenses \$ including grants of \$ 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) including grants of \$ YOUTH EDUCATION SERVICES PROVIDES MANDATED HIV/AIDS EDUCATION TO PRIVATE AND PUBLIC SCHOOLS, AND TRAINS TEAMS OF ADULT AND PEER ADVISORS TO SPEAK IN SCHOOLS THROUGHOUT THE VALLEY ON THE TOPIC OF SEXUAL DECISION-MAKING, SPEAKING TO TENS OF THOUSANDS OF STUDENTS IN THE LAST YEARS. Other program services (Describe in Schedule O.) Including grants of \$ 1,284,722. 4e Total program service expenses ►

532002 12-16-15

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Page 3 Form 990 (2015) Part IV Checklist of Required Schedules

If "Yes," complete Schedule A 2 x x 3 bits organization required to complete Schedule Schedule of Contributors* 3 bits 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 II. 3 centro 501 ((S) organizations. Did the organization engage in lobbying activities, or have a section 501 (ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 bits the organization in section 501 ((s)) 501 ((s)), 501 ((s)), 501 (s)), 501 (s),	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
2 Is the organization required to compeles Schedule 6, Schedule of Contributore 3 Dick the organization engage in disect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 601(e)(S) organizations. Dick the organization engage in lobbying scitivities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization assession 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as edificial in Newtone Procedure 8-19.1 If "Yes," complete Schedule C, Part III Is the organization maintain environment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Is the organization revision to hold a conservation essement, holding easements for the preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Is bid the organization environment, historic collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Is bid the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc Part IV. If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-produments? If "Yes," complete Schedule D, Part V. If the organization's answer to any of the following questions is "Yes," than complete Schedule D, Part V. If the organization report an amount for investments - other securities in Part X, line 197 if "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 197 if "Yes," complete Schedule D, Part VIII Did the organization report an amount for other isastist astements for the tax year include a footnot	•		١,	x	
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	2				
public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives memberahip duce, assessments, or similar amounts as defined in Revinue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 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 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit ocurseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 Did the organization and server to any of the following questions is "Yes," then complete Schedule D, Parts VI, If If the organization and server to any of the following questions is "Yes," then complete Schedule D, Parts VI, IV, IV, IV, IV, IV, IV, IV, IV, IV,			-	**	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership clues, assessments, or similar amounts as defined in Revenue Procedure 93-19? If "Yes," complete Schedule C, Part III or Did the organization restential and yodons divised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in funds or accounts for the right to provide advice on the distribution or investment of amounts in funds or accounts for the right of the organization manutation amount or funds as a constant or a mount for investments or accounts for the restrict reads or debt negotiation services? If "Yes," complete Schedule D, Part III. 5 Did the organization report an amount for investments or the transparent, credit repair, or debt negotiation services? If If the organization report an amount for investments or the right of the organization report an amount for investments or the right of the organization report an amount for investments or the right of the organization report an amount for investments or the right of the propagation or the right of the organization report an amount for investments or the tax year include a for investment or the right of the organization report an amount for investments or the right of the propagation organization acc	•		3		X
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts V, VII, VIII, IX, or X as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. 12 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. 13 Did the organization as chool described in additional statements for the tax year include a footnote that addresses the organization has parate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III	7		۳		-
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investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			14a		X
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines					١,,
foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines	_		145		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	5				ا
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			15		X
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		16		<u> </u>
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	7,				ا
			17		X
1c and 8a? If "Yes," complete Schedule G, Part II 18 X	3			·	
	_		18	X.	<u> </u>
	}				
complete Schedule G, Part III	_	complete Schedule G, Part III	_	000	}

Form **990** (2015)

REAL OPTIONS PREGNANCY MEDICAL CLINICS

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Form 990 (2015) CRISIS PREGNANCY C

			Yes	N
	Did the organization operate one or more hospital facilities? If: "Yes," complete Schedule H	20a		3
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}		_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21]
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
į	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			١.
	Schedule J	23		
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	:	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		
٠.	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			×
	instructions for applicable filing thresholds, conditions, and exceptions):			ľ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	i	ļ
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Г
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Г
	contributions? If "Yes," complete Schedule M	30		١.
	Did the organization liquidate, terminate, or dissolve and cease operations?			Γ
	If "Yes," complete Schedule N, Part 1	31		
ļ.	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Γ
	Schedule N, Part II	32		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	, i		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, clid the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
	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		
	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		
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
			X	ſ

<u>.5</u>

Form 99 Part V

2015)		PREGNANCY				CNT	94-2820673	Page
Statemen	ts Regarding (Other IRS Filing	s and Tax	Complianc	е			
	and the second of the second	the state of the s						

	Check if Schedule O contains a response or note to any line in this Part V					<u>Ш</u>
			i c		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		6			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and i				Х	
À	(gambling) winnings to prize winners?	1	1	1c	A	
23	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	200	32			
h	filed for the calendar year ending with or within the year covered by this return		1	2ь	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	DECRESSES:	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			<u> </u>		
	financial account in a foreign country (such as a bank account, securities account, or other financial		=	4a		Х
ь	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	/ccon	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		}	5a	·	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action'	?	5b		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	ļ <u>.</u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?	·		6b	steen tutte	erozati siot
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		·		<u> </u>	X_
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	ļ	ļ <u></u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		•			انۍ ا
	to file Form 8282?	4	1	7c	20020	X
	If "Yes," indicate the number of Forms 8282 filed during the year			7-		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution.			7e 7f	<u> </u>	
g	If the organization, coming the year, pay premiums, offectly or molrectly, on a personal benefit contribution of qualified intellectual property, did the organization file F			7g	<u> </u>	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
_	sponsoring organization have excess business holdings at any time during the year?	-		8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dane cobadose
9	Sponsoring organizations maintaining donor advised funds.		· · · · · · · · · · · · · · · · · · ·			
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b.		
10	Section 501(c)(7) organizations. Enter:					
	initiation fees and capital contributions included on Part VIII, line 12	10a				
Þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	١				
40-	amounts due or received from them.)	11b	h.			893986
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	104 I	ĺ	12a		
13.	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	is the organization licensed to issue qualified health plans in more than one state?			13a	20000000	000000000
a	Note. See the instructions for additional information the organization must report on Schedule O.	******	***			
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
c.	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
					000	too is:

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

Form 990 (2015)

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

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

	Check if Schedule O contains a response or note to any line in this Part VI	***************************************				X
Sec	tion A. Governing Body and Management					
					Yes	No
fa	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ь	Enter the number of voting members included in line 1a, above, who are independent	16	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		-			
-	officer, director, trustee, or key employee?		3000	2 2	SS (SS (SS (SS (SS (SS (SS (SS (SS (SS	X
•		•	·-			
3	Did the organization delegate control over management duties customarily performed by or under the		١,	,	ł	Х
_	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		·· ⊢	4.		$\frac{\Lambda}{X}$
5	Did the organization become aware during the year of a significant diversion of the organization's ass		" ⊢	5		
6	Did the organization have members or stockholders?		 _ •	3		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?		7	a		<u>X</u>
Ъ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?		7	b.	********	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:				
a	The governing body?		8	а	X	
b	Each committee with authority to act on behalf of the governing body?		8	b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	9	.	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
				\Box	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		. 10	_	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		"			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	ъ	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	· · · · · · · · · · · · · · · · · · ·		_	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			888	
	and the second of the second o		15	22a	X	200000
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		~ —	$\overline{}$	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo		~ **	-5		<u> </u>
	In Schedule O how this was done		1,0	20	x	
	Did the organization have a written whistleblower policy?				X	 .
	Did the organization have a written document retention and destruction policy?			-	X	
			. 1	4	A	323333
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
						v
	The organization's CEO, Executive Director, or top management official			-	 [<u>X</u>
Þ	Other officers or key employees of the organization		. 15	מנ		A
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	9. 90.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen		3333			
	taxable entity during the year?		16	ja	383333	X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?	<u> </u>	. 16	3b		
	ion C. Disclosure					
	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	(Section 501(c)(3)s onl	y) avai	lable	3	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict of interest policy,	and fin	anc	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records: 🟲				
	VALERIE HILL - 408-229-9836					
	1671 THE ALAMEDA SUITE 101, SAN JOSE, CA 95126					

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

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Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per	box	, unie	Pos heck ss pe	ition more	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee			Highest compensated 1/2		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LARRY BONALDI	1.00	x						0.	0.	0.
DIRECTOR	1.00	-25	\vdash		\vdash	├			V •	
(2) WILL GOULDING DIRECTOR		х	L					0.	0.	. 0.
(3) VALERIE HILL	40.00									
EXEC DIRECTOR/CEO		X.	L			<u> </u>		0.	0.	0.
(4) JOHN REED	2.00							_		<u>.</u>
TREASURER		X		X				0.	0.	. 0.
(5) BARRY RODENBERG	1.00							_ [_	_
VICE CHAIRMAN		Х		Х	_			0	0.	0.
(6) SHADIA HRICHI	1.00								_ 1	
DIRECTOR		X	<u> </u>		ļ	ļ	ļ	0.	0.	0.
(7) PETER FINTER	2 00								_	
CHAIRMAN		X	_	X	<u> </u>	<u> </u>	ļ	0.	0.	0.
(8) HOLLY CHARMICHAEL	1.00									0
SECRETARY	1 00	X		Х	┝			0.	0 .	0.
(9) STEVEN BELTON M.D.	1.00	v						o.	0.	Ö.
MEDICAL DIRECTOR		X		⊢	<u> </u>	 		U	.0.	<u>U.</u>
										···
				<u> </u>						
						_				
		_		_	_					
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REAL OPTIONS PREGNANCY MEDICAL CLINICS

Form 990 (201									NTA CLARA CN		8206	73 Page 8
Part VII Se	ection A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st Č	Compensated Employe	es (continued)		•
	(A)	(B)		•	. (0	C)			(D)	(E)		(F)
	Name and title	Average	(do	not c		ition more	i (than)	one	Reportable	Reportable	I	Estimated
		hours per week	box	, unie	sa pe	rson	is bot or/trus	h an	compensation	compensatio	0.	amount of
		(list any						1,	from the	from related organization		other compensation
		hours for	Individual trustee or director				엹.		organization	(W-2/1099-MIS		from the
		related	1 ag	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			organization
		organizations below	冒	onalt		loje Bako	100 gg					and related
		line)	8	器	Officer	Key employee	ghest	Former				organizations
			=	<u>-</u>	<u> </u>	 	± 5	-				
			l					ļ				
												
			İ									
						ļ			-			
						\vdash						
				_								
	<u> 1 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -</u>								0.		0.	0.
	m continuation sheets to Part V						2.00	•	0.		0.	0.
	id lines 1b and 1c)								J	(ngo . s		0.
	mber of individuals (including but restion from the organization	tot limited to th	ose	IISTE	o ar	oove	e) WF	io r	eceived more than \$100	,000 of reportable	e	0
COLIDER	sation Both the organization											Yes No
3 Did the c	organization list any former officer	director, or tru	stee	. ke	v en	olan	vee.	or	highest compensated e	mplovee on		
	f "Yes," complete Schedule J for s											з Х
	ndividual listed on line 1a, is the s										3358	
	ed organizations greater than \$15									5 .		4 X
	person listed on line 1 a receive or								_			
	to the organization? If "Yes," con	nplete Schedule) f	OF SL	ıch _l	oers	on .	<u>:</u>	<u></u>	<u></u>		5 X
	dependent Contractors e this table for your five highest co	managatad lad	lana	da	ne n				that ransfired more than	É100 000 of oom		
	ization. Report compensation for										pensau	on irom
	(A)	<u>,a aa., , .</u>		., 1 (2-1)	, <u>g</u> , ,	,,,,,,			(B)	, Gair		(C)
	Name and business	address	NC	NE	3				Description of s	ervices	Cor	npensation
								_				
										ļ		
•								-				
										İ		
	, , , , , , , , , , , , , , , , , , , ,							\neg				
	nber of independent contractors (_	ot lin	nited	d to	_		ted	l above) who received m	ore than		
\$100,000	of compensation from the organi	zation 🟲				- 0	,			l l		

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CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

					NCY CTRS	OF SANTA	CLARA CNT	94-2820	673 Page 9
Pa	rt VI	Ш	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	а	Federated campaigns	1a					
São			Membership dues						
And A		С	Fundraising events		145,018.				
┋	ľ		Related organizations						
Si Si	1		Government grants (contribut						
분하	1	f	All other contributions, gifts, grant		202 560				
Contributions, Giffs, Grants and Other Similar Amounts			similar amounts not included above		323,562.				
55	ı		Noncash contributions included in lines		·	1 460 500			
<u>0 </u>	1	<u>h</u>	Total. Add lines 1a-1f		1	1,468,580.	1		
6 5	١.,	_			Business Code				
Program Service Revenue	2 8								
Ser									<u> </u>
E 2	l '								!
Řĸ	`	<u>.</u>		-					
F.		F	All other program service reve	nue					
	l		Total. Add lines 2a-2f						
	3	-	Investment income (including						
			other similar amounts)			3,045.	3,045.		
	4		Income from investment of tax						-
	-5		Royalties						
				(i) Real	(ii) Personal				
	6 a	a	Gross rents	7,020.					
	t	b	Less: rental expenses	0.					
	•	¢	Rental income or (loss)	7,020.					l
	•	ţ	Net rental income or (loss)		<u>,</u>	7,020.	7,020.		
	7 €		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
	Ļ		Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)		.,,,,.,.				
Other Revenue	Q a		including \$ 145,0	-					
.ve			contributions reported on line						
Ä			Part IV, line 18		156,014.				
the	.b		Less: direct expenses		156,014.				
0	Ģ	3	Net income or (loss) from fund	raising events		0.			
	9 a	3	Gross income from gaming ac	tivities. See					
			Part IV, line 19	<u></u>					
	b	3	Less: direct expenses	Б					
			Net income or (loss) from gam		<u></u>				
	10 a		Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
	Ċ	<u>; </u>	Net income or (loss) from sales						
			Miscellaneous Revenue	•	Business Code				
	11 a						1		
	D C	•							
	N.	٠.	All other revenue	_					
	e		Total. Add lines 11a-11d						
	12		Total revenue. See instructions.		<u> </u>	1,478,645.	10,065.	0.	0.

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Form 990 (2015)

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) (C) Do not include amounts reported on lines 6b, Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 52,000. 36,400. 11,440. 4,160. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 797,138. 542,054 143,485. 111,599. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 57,240 38,923 10,303. 8,014. Other employee benefits 9 73,335. 13,200. 10,267. 49,868 Payroll taxes 10 Fees for services (non-employees): 66,389 52,447 11,950 1,992. a Management Legal 8,825. 6,619 1,765. 441. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 18,327. 17,410 516 401. column (A) amount, list line 11g expenses on Sch O.) 143,834. 92,054. 51,780. 12 Advertising and promotion 5,655. 31,416. 314. 25,447. 13 Office expenses 16,174. 10,998. 2,911. 2,265. Information technology 14 15 Royalties 392,012. 329,290 54,882. 7,840. 16 Occupancy 8,405. 8,405 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 54,445. 37,023. 9,800. 7,622. 22 Depreciation, depletion, and amortization 7,719. 2,470. 4,554. 695. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 39,334. 39,334. 0 PRACTICAL SUPPORT 13, 271.1,194. 0. 12,077. PRINTING 2,737. 5,360. 3,307. 11,404. SUPPLIES Ō. GENERAL CONT EXP. 6,326. 6,326 8,772. 8,772. All other expenses 1,806,366. 1,284,722 293,529. 228,115. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2015)

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REAL OPTIONS PREGNANCY MEDICAL CLINICS CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

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Form 990 (2015)

?ar	tΧ	Balance Sheet				
	-	Check if Schedule O contains a response or not	e to any line in this Part X	<u> </u>		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,163,194	2	975,532.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		239,629.	4	35,760.
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa				
		Part II of Schedule L.			5	was na sania sana sana sana sana sana san
	6	Loans and other receivables from other disqualif				
		section 4958(f)(1)), persons described in section	* *			
		employers and sponsoring organizations of secti				
Assets		employees' beneficiary organizations (see instr).			6	
2	7	Notes and loans receivable, net			7	
`	8	Inventories for sale or use		00 506	8	70 016
İ	9	Prepaid expenses and deferred charges		20,636.	9	10,916
	10a	Land, buildings, and equipment: cost or other	1 170 100			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a 1,1/2,400.			060 055
		Less: accumulated depreciation	105 210,145.	990,377	10c	962,255
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
- 1	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets	20 551	14	13 630	
	.15	Other assets. See Part IV, line 11	25,551.	15	13,638	
_	16	Total assets. Add lines 1 through 15 (must equa	2,439,387	16	1,998,101	
- 1	17	Accounts payable and accrued expenses	174,103.	17	79,392	
	18	Grants payable		18	<u>, </u>	
	19	Deferred revenue			19	
	20 21	Tax-exempt bond liabilities		20		
. 1	22	Escrow or custodial account liability. Complete F Loans and other payables to current and former		21		
	22	key employees, highest compensated employee				
- Indonesia		Complete Part II of Schedule L			22	
1	23	Secured mortgages and notes payable to unrela			23	
- 1	24	Unsecured notes and loans payable to unrelated	· ·		24	
- 1		Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines			-	
		Schedule D	•	34,224.	25	15,370
	26	Total liabilities. Add lines 17 through 25		208,327.	26	15,370 94,762
十		Organizations that follow SFAS 117 (ASC 958)				
		complete lines 27 through 29, and lines 33 and				
	27	Unrestricted net assets		2,124,058.	27	1,903,339
}	28	Temporarily restricted net assets		107,002.	28	0
	29				29	
		Organizations that do not follow SFAS 117 (AS				
		and complete lines 30 through 34.	¥*			
}	30	Capital stock or trust principal, or current funds		A control of the section of the properties and prop	30	
3	31	Paid-in or capital surplus, or land, building, or eq			31	
: I	32	Retained earnings, endowment, accumulated in			32	
). I				2 221 060		1,903,339.
2	33	Total net assets or fund balances	******************************	2,231,060. 2,439,387.	33	1,998,101.

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

94-2820673 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT Form 990 (2015) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,478,645. 1 Total revenue (must equal Part VIII, column (A), line 12) 1,806,366. 2 2 Total expenses (must equal Part IX, column (A), line 25) -327,721. 3 Revenue less expenses. Subtract line 2 from line 1 3 2,231,060. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 6 fi Donated services and use of facilities 7 7 Investment expenses Prior period adjustments 8 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 1,903,339. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990:

Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х b Were the organization's financial statements audited by an independent accountant? 2b if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis ■ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

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

Act and OMB Circular A-133?

Form **990** (2015)

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number REAL OPTIONS PREGNANCY MEDICAL CLINICS 94-2820673 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ...! Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s): (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9) organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021, 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Total

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule A (Form 990 or 990-EZ) 2015 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						<u>.</u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1867771.	1222253.	1055550.	2394726.	1467469.	8007769.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	į					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1867771.	1222253.	1055550.	2394726.	1467469.	8007769.
	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)						
R	Public Support. Subtract line 5 from line 4.						8007769.
	ction B. Total Support			***************************************			
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1867771.	1222253.	1055550.	2394726.	1467469.	8007769.
	Gross income from interest,		<u> </u>				
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	16.	2,623.	6,071.	3,872.	11,176.	23,758,
a	Net income from unrelated business		~,	-, -,	<u> </u>		
•	activities, whether or not the						
	business is regularly carried on						
470	Other income. Do not include gain						
10							
	or loss from the sale of capital			460,073.			460,073.
en en	assets (Explain in Part VI.)			400,073.			8491600
	Total support. Add lines 7 through 10	-4- / 141	1			12	0451000:
	Gross receipts from related activities, First five years. If the Form 990 is for			d familie au fifth to			
13	organization, check this box and stor				•	1 1 2 1	▶□
Sec	tion C. Computation of Publ			******************		4	·······
	Public support percentage for 2015 (olumn (fi)		14	94.30 %
	Public support percentage from 2014					15	93.86 %
	33 1/3% support test - 2015. If the c						• •
100	stop here. The organization qualifies						
ь	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual	-	• • • • • • • • • • • • • • • • • • • •				
17a	10% -facts-and-circumstances tes						
110	and if the organization meets the "fac						
	meets the "facts and circumstances"			and the second s			. —
L	and the second s						
D	10% -facts-and-circumstances test					4 1 4	
	more, and if the organization meets the					The state of the s	. ,
	organization meets the "facts-and-circ						
10	Private foundation. If the organization	п ою посслеска	DOX OF HUE 19' 19	s, 100, (/8, OF L/E		na see instructions dule A /Form 990	

REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule A (Form 990 or 990-EZ) 2015 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 3

	port Schedule			

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

quality dilubit the tests listed :	Jelow, piease com	Digito (Eq. ().)				
Section A. Public Support	 			· · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and		1				
membership fees received. (Do not						
include any "unusual grants.")				ļ		
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the		1				
organization's tax exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513			İ		1	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	İ					
						
5 The value of services or facilities		1			1	
furnished by a governmental unit to					1	
the organization without charge		 		1	+	<u> </u>
6 Total. Add lines 1 through 5					1	1
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		ļ		1	<u> </u>	
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					1	İ
amount on line 13 for the year	<u> </u>					•
c Add lines 7a and 7b						<u> </u>
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			Andrew Street, September 1997		A STATE OF THE PROPERTY OF THE	•
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	74.2011	,-,,-	1-1 1 1 1 1 1 1 1 1	1-12-17	1,20,0	1., 1000
10a Gross income from interest,					1	
dividends, payments received on						
securities loans, rents, royalties		1				
and income from similar sources		 			1	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		 		ļ		1
c Add lines 10a and 10b				ļ		
11 Net income from unrelated business activities not included in line 10b,				1		
whether or not the business is				1		
regularly carried on				ļ		<u> </u>
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organi	zation,
check this box and stop here				•		
Section C. Computation of Publ						
15 Public support percentage for 2015 (oluma (fi)		15	%
16 Public support percentage from 2014					16	
Section D. Computation of Inve					1.9	
			o 12 pal· (A)		147	6/
17 Investment income percentage for 20						96
18 Investment income percentage from						96
19a 33 1/3% support tests - 2015. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2014. If the		•				
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	in did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u></u> ▶□
32023 09-23-15				Sch	edule A (Form 99	0 or 990-EZ) 2015

REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule A (Form 990 or 990 EZ) 2015 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 1.1 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part Vinow the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part Viwhen and how the organization made the determination**.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part Viwhat controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part Vihow the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part Viwhat controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c. Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4b 5b 5c 5c 5c 7 8 8 9a 9b 9c 10a 10a 10a 10a 10a 10a 10a 10a 10a 10a			
1 2 3a 3b 3c 4a 4b 4b 5a 5a 5b 5c 5c 7 8 8 9a 9c 9c 10a 10a	Eurolauskilous		
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1 2 3a 3b 3c 4a 4c 4c 5b 5c 5c 7 8 8 9a 9c 9c 10a			
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	REAL OPTIONS PREGNANCY MEDICAL CLINICS			
	edule A (Form 990 or 990-EZ) 2015 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-28	2067	3 Pa	ge 5
Pa	Rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
- 7	below, the governing body of a supported organization?	11a	1000 101 101 101	200/4/20100
ь.	A family member of a person described in (a) above?	115		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	LIC		
Sec	tion B. Type I Supporting Organizations		30.	
		F irescoledado	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1000		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
Ź	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	60000000000	0996996480
Sec				
<u>3ec</u>	tion C. Type II Supporting Organizations		¥	NI-
		E0000000000000000000000000000000000000	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			120
	the supported organization(s).	1_1_		
Sec	tion D. All Type III Supporting Organizations			
		,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			33.3
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1	56663355	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?		S100000	92.046E)
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	*****		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	**********	esesses en
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yearsee instructions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete tine 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	nictions	1	
	Activities Test. Answer (a) and (b) below.	,00,,00,,00	Yes	No
2				140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			*
	the supported organization(s) to which the organization was responsive? It "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	000000000000	022700E.00
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If: "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	A01700005999	estador (1886)
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
D		3b		oppression in
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	, 50		

REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule A (Form 990 or 990-EZ) 2015 CRISIS PREGNANCY CTRS	OF SA	NTA CLARA CNT9	4-2820673 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	anizations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970. See înstruc	tions. All
other Type III non-functionally integrated supporting organizations must	complete :	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		·
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		The state of the s
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year);			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			1-0
see instructions).	4	İ	
5 Net value of non-exempt use assets (subtract line 4 from line 3)	-5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7.		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	.3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-function		ated Type III supporting organ	nization (see
instructions).	,	.,	*- *

Schedule A (Form 990 or 990-EZ) 2015

REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule A (Form 990 or 990-EZ) 2015 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (iii) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015. (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: а c. d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: а c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A Part VI										CLARA CNT94-282067 Part II, line 17a or 17b; Part III, line 12	
<u> </u>	Part IV, Section A, I line 1: Part IV, Secti	lines 1, 2 ion D. lir	2, 3b, 3c, nes 2 and	. 4b, 4c, 5a I 3: Part IV.	, 6, 9a, Sectio	9b, 9c, n E, line	11a, 11b, s 1c, 2a, 2	and : 2b, 3a	inc; Part IV, a and 3b; Pa	Section B, lines 1 and 2; Part III, line 12 Section B, lines 1 and 2; Part IV, Sec t V, line 1; Part V, Section B, line 1e; rt for any additional information.	tion C,
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Name of the organization

REAL OPTIONS PREGNANCY MEDICAL CLINICS CRISIS PREGNANCY CTRS OF SANTA CLARA CNT Employer identification number

94-2820673

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule							
— <u> </u>	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and IJ. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contribute	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.						
year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for muelty to children or animals. Complete Parts I, II, and III.						
year, contributions is checked, enter h purpose. Do not co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer 'No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						
LHA For Paperwork Redu	ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)						

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

REAL OPTIONS PREGNANCY MEDICAL CLINICS

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

Employer identification number

94-2820673

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(e) Total contributions	(d) Type of contribution
1	AARON AND HOLLY CARMICHAEL 2520 MORMON ISLAND DR. EL DORADO HILLS, CA 95762	\$ <u>103,900</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DORCAS AND PROMOD HAQUE 13780 SARATOGA AVE. SARATOGA, CA 95070	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STEPHEN AND VARDUHI VIVIEN 965 CHESTNUT ST. SAN CARLOS, CA 94070	\$ <u>162,698.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN AND LISA REED 735 CASA BONITA CT. LOS ALTOS HILLS, CA 94024	\$ 37,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ANTHONY AND KATIE SCHWARTZ 383 CHAGAILL CT EL DORADO HILLS, CA 95762	\$ 37,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part Il for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)					
Name of organization	Employer identification number				
REAL OPTIONS PREGNANCY MEDICAL CLINICS					
CRISIS PREGNANCY CTRS OF SANTA CLARA CNT	94-2820673				

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		·*\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$	

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2015)		Page 4					
Name of erg	anization		Employer identification number					
	OPTIONS PREGNANCY MEDIC							
	PREGNANCY CTRS OF SAN		94-2820673					
Part III	the year from any one contributor. Complete a	columns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 for					
••	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or le	ess for the year (Enter lais info. once.)					
	Use duplicate copies of Part III if addition	al space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) i dipose oi giir	(5) 030 01 g	(a) zesarkisi si isa giris isa					
-								
		(e) Transfer of gift						
	Transferee's name, address, a	ad 710 + #	Relationship of transferor to transferee					
-	Hansieree's hame, address, a	III ZIF 4 4	neighbright of transferor to transferee					
[····						
(a) No. from	6.V.D	6-3 11is -iss	AR Paradistant & bair affe for bald					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			:					
-								
		(e) Transfer of gift	ransfer of gift					
	Tukukatan da Maran andakan an	- J 71D . A						
F	Transferee's name, address, a	na ziP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(o) ruipose oi gat	(c) use of gift	(a) Description of flow girt is need					
								
-	•	fol Tongoton of side	<u> </u>					
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
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]								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(5) . 2.5555 5. 4	(a) 555 of Sitt.	(a) pipoliphon of their Birt is made					
		(e) Transfer of gift						
		let transier or diff.						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
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			D-1-3-1- D 16-1 000 000 67 000 DEV (0046)					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990:
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

REAL OPTIONS PREGNANCY MEDICAL CLINICS CRISIS PRECNANCY CTRS OF SANTA CLARA CNT

Employer identification number 94-2820673

DA	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounte Complete if the
er er	organization answered "Yes" on Form 990, Part IV, lin		Accounts. Complete if the
	organization answered Tes On Form 990, Fait 17, III	(a) Donor advised funds	(b) Funds and other accounts
æ ⁱ	Total number at and aftern	(a) parioj pavada lalias	(a) I altas alta attor associata
1	Total number at end of year	,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in		
5			
6	are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a		
·	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	• •	
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat		14,1110.11
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		Historic structure
2	Complete lines 2a through 2d if the organization held a quali	Ford appropriation contribution in the form of a	concentration occument on the last
L	day of the tax year.	ned conservation contribution in the form of a	Held at the End of the Tax Year
-	Total number of conservation easements		1100,000
b	Total acreage restricted by conservation easements		
			· ·
g. d	Number of conservation easements included in (c) acquired		20
u	listed in the National Register		_ 2d
3	Number of conservation easements modified, transferred, re		
٠	year	jeases, extiliguisited, of terminated by the org	selesation during the rax
4.	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•		Transporting of Violation of City of Transporting	and cocomonio contiguito you
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and enforcing conservation	easements during the year
_	▶ \$		and the first series of th
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	1/1	
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIII.
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	G 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:	•	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> s
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
a	Revenue included on Form 990, Part VIII, line 1		· ▶ \$
b.	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the instructions		Schedule D (Form 990) 2015

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532051 11-02-15

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

	TULLE OF	TOTAL TAXAL	*****	* ****			,			
che	dule D (Form 990) 2015 CRISIS	PREGNANCY	CTRS	OF SA	NTA CL	ARA C	NT 94-	282067	3 P	age 2
	Till Organizations Maintaining C	Collections of A	rt, Histo	rical Tre	easures, o	or Othe	r Similar As	sets(conti	nued)	
3	Using the organization's acquisition, access									ıs
	(check all that apply):									
a	Public exhibition	id		an or excl	nange progra	ams				
b	Scholarly research	e								
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how the	y further th	ne organizati	on's exen	npt purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical treas	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pa	art W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod								_	-
	on Form 990, Part X?				,			Yes	L_	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tal	ole:						
								Amour	nt	
C	Beginning balance				*********		, te			
d	Additions during the year	~***;**************				,	. 1d			
e	Distributions during the year					******	. 1e			
	Ending balance							,		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or cu	istodial acco	ount liabili	ty?	Yes	<u></u>	No
	If "Yes," explain the arrangement in Part XIII							1	:	<u> </u>
Pa	rt V Endowment Funds. Complete	· · · · · · · · · · · · · · · · · · ·						····	 	
		(a) Current year	(b) Pric	or year	(c) Two yea	rs back (d) Three years ba	ick (e) Fou	ryears	back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
ď	Grants or scholarships		<u> </u>							
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses	1								
9	End of year balance									
	Provide the estimated percentage of the cur			column (a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
C.	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held ar	ad administe	ered for th	e organization			
	by:								Yes	No
	(i) unrelated organizations	*****						3a(i)		
	(ii) related organizations				*************			3a(ii)		
ь.	If "Yes" on line 3a(ii), are the related organiza					-,	*************	3b		
4 D	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		wment fui	ads.						
			S Down IV	iaa 11a C	Carm 000	s baary i	line dis			
	Complete if the organization answere	······	·····					IAN Dec	خالمین با	
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (cumulated reciation	(d) Boo	k valu	e
4	1 sind	-	09114	Degla (enter).	Geb	,00,4001)			
	Land			Q-D	4,421.		75,212.	ΩΛ	9,2	09
	Buildings			72"	17 1611	:	: - 7.6.1.6 =	.04	w y 2.	<u> </u>
										
	Equipment	••••		24	7.979.	1	34,933.	1.1	3.0	46.

Schedule D (Form 990) 2015

962,255.

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

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REAL OPTION	S PREGNANCY	MEDICAL CLINICS	
·	·	OF SANTA CLARA CNI	94-2820673 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(Å)			
·(B)			
(C)			
(D) (E)		- 	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		·	
Complete if the organization answered "Yes"		line 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	est or end-of-year market value
(1)			
(2)			
(3)	•		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		B. Wallack Et Conn. B. 1948.	a ie
Complete if the organization answered "Yes"	on Form 990, Part IV. Description	, line 11d. See Form 990, Part X, line.	(b) Book value
(1)	Seculption		(D) COOK VAICO
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	.aet		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.) (5.)		
Complete if the organization answered "Yes"	on Form 990, Part IV.	line 11e or 11f. See Form 990. Part l	X. line 25.
1. (a) Description of liability		(b) Book value	,
(1) Federal income taxes			
(2) ACCRUED COMPENSATION		15,370.	
(3)			
(4)			
(5)			
(6)			
(7)	1		
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	15,370.	
1. minima for interest and and in many it will be for the first		•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2015

30704001 737717 105 REAL OPTIONS PREGNANCY MEDICAL CLINICS 94-2820673 Page 4 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT Schedule D (Form 990) 2015 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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 (losses) on investments b Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990; Part I, line 18.) Part XIII Supplemental Information. 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

ame of the organization REAL OP	TIONS PREGNANCY ME	DIC	AL	CLINICS		Employer ide	ntification number
CRISIS	PREGNANCY CTRS OF	SAN	TA	CLARA CNT		94-2820	673
Part I Fundraising Activities required to complete this par	Complete if the organization answet.	red "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-g gover ising ling of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	itees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (c	Amount pald r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
				-	•		
	_						
		<u> </u>					
otal 3 List all states in which the organization			utions	or has been notified	i it is	exempt from re	egistration
or licensing.							

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

Schedule G (Form 990 or 990-EZ) 2015

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule ((Form 990 or 990	EZ) 2015	CRISIS	PREGNANCY	CTRS	OF	SANTA	CLARA	CNT94-2820673	Page 2
Part II									, or reported more than \$15	
		B 1			- 000 F7 P	·				*** AAA

		of fundraising event contributions and gro	oss income on Form 990			pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DINNERS OF	WALK FOR	NONE	(add col. (a) through
			VISION	LIFE/TREE OF		col. (c))
m			(event type)	(event type)	(total number)	- COI. (C)
ğ						
Revenue	1	Gross receipts	167,590.	133,442.		301,032.
DC.						7
	2	Less: Contributions	86,000.	70,014.		156,014.
				·		
	3	Gross income (line 1 minus line 2)	81,590.	63,428.		145,018.
	4	Cash prizes				
co	5	Noncash prizes				
Direct Expenses		Ph + 16 10				
ç	6	Rent/facility costs				•
遊っち	_	Food and haveness				
Ē	7	Food and beverages				
Ц	8	Entortrinoscot				
	9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	i 9 in column (d)	<u> </u>	•	·
	11	Net income summary. Subtract line 10 from it				145,018.
Pέ		III Gaming. Complete if the organization a				
1.0000	*****	\$15,000 on Form 990-EZ, line 6a.				
· m			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) Otriel gaining	col. (a) through col. (c))
ě						
<u></u>	1	Gross revenue				
S	2	Cash prizes				
ens						
쭚	-3	Noncash prizes				
Direct Expenses	١.	D. A. W. Cithan and A.				
Ť	4	Rent/facility costs				
	E	Other direct expenses				
-		Office direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No ~	No No	
	-			,		
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
			, ,			
	8	Net gaming income summary. Subtract line 7.	from line 1, column (d)		<u>.,</u>	
.9	Ent	er the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	if *!	No,* explain:				
	.—					
4				The second second second second second second second second second second second second second second second se		<u> </u>
		re any of the organization's gaming licenses re	·			L Yes L No
D	11	Yes," explain:				
	_					
		144-15			Cabadala C /Ea	rm 990 or 990-EZ\ 2015

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	REAL OFTIONS PREGNANCI MEDICAL CUINICS	202062	.a .
	edule G (Form 990 or 990-EZ) 2015 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-		
11		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	<u></u>	<u> </u>
	to administer charitable gaming?	Yes	No No
13		11	
2	The organization's facility	13a	%
b	An outside facility	135	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name •		
	Address •		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	, Li·Yes	No No
ь	if "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party 🕨 \$		
c	if "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Garning manager compensation > \$		
	Description of agricus provided **		
	Description of services provided >		
			-
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	No.
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Janean 200	organization's own exempt activities during the tax year 🚩 💲		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b,	10b, 15b,
:			
	Catadala O Fau	200	

04-01-15

SCHEDULE O (Form 990 or 990-EZ)

30704001

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. REAL OPTIONS PREGNANCY MEDICAL CLINICS

Employer identification number 9.4 – 2.8 2.0 6.7 3

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-28206/3
FORM 990, PART VI, SECTION B, LINE 11:
BOARD PERFORMS DETAILED REVIEW WITH THE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES MUST READ THE POLICY AND COMPLY
IN ANY TRANSACTION THAT INVOLVES A CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

် 172 9 384 419 o 490 12,162 130 3,144 Current Year Deduction Current Sec 179 3,500. 988 3,984. 1,136. 5,216. 799 1,734 502 490 2,574 1,548 54,547 20,017 Accumulated Depreciation 3,500. 502. 988 1,128 5,216 3,433 1,720 5, 197 27,296 105,573 3,077 3,352 Basis For Depreciation Reduction In Basis Bus % Excl 3,500. 105,573. 3,077. 502 988 27,296 5,216 3,433 5,197 1,128 3,352 Unadjusted Cost Or Basis 훒 Ľ 5.00 00. 2.00 00. 7,00 5.00 00. 2.00 11200DBS.00 42811200DB5.00 0401122000BB.00 1011112200DB5.00 380912200DB7.00 Ę 05|29|12|200DB|7 Method 23105SL 23007SL 1360E011 08|24|09|SI 051710SL 509SL 09|18|09|SL Date Acquired FAUCETS/CABINETS-RE 62|COMPUTER EQUIPMENT DFFICE FURNITURE -71 EXAM ROOM UPGRADE SYSTEM 702-ACER COMPUTERS PREVIOUSLY DEPR 67/ILTRA SOUND 69ULTRA SOUND Description SOUND 65PLACEMENTS 6 1 TELEPHONE GOLAP TOP 72ESJ SIGN 56ASSETS 572007 59SERVER 68ULTRA Asset No.

(D) - Asset disposed

311,889.

120113St | 39.0017

77MT VIEW IH IMP

76SAMSUNG

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

7.997.

47,983.

311,889.

1,360.

3,196.

8,717.

197.

142

1,000

573

451.

2,910.

2,910.

<u>.</u>

1101[13/200DB]7.00

75 IKEA FURNITURE

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1,000

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120113200DB5.00

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73PRINTERS

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74FURNITURE

790,

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790

Deer - (a)

2015 DEPRECIATION AND AMORTIZATION REPORT
THOSE MACHINES AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

282. 81. 130 103. 68 375. 596. 2,234 96 152, 995 3,762 54,445 3,032 14,711 Current Year Deduction 0 Current Sec 179 108 13. 114. 0. 1146077. 155,700. 93, 2,864 3,526 155,700 Accumulated Depreciation 17,184. 1172400. 828. 26,323. 623 1,487 685 669 801 15,957 38,789 573,743 4,325 096 1,974 Basis For Depreciation Reduction In Basis Ö Bus % Excl 685. 1,487. 17,184. 828. .096 801. 623 26,323. 669 146077 1,974 4,325 15,957 38,789 573,743 Unadjusted Cost Or Basis 19C 2 17 7 ĘŠ. <u>:</u> 39.0017 39.0017 .00 121714200DBS.00 00. 02|01|14|200DB|5.00 1124142000B5.00 070115200DB7.00 121714200DB5.00 00. 00. |01|15|14|200DB|7.00 031714200DB5.00 21114200DB5.00 鲁 21714200DB5 121714200DB7 02|26|14|200DB|7 102214200DB7 Method 123114SL 061714SL Date Acquired BEGINNING BALANCE MI VIEW-WALL LAMPS & INSTALL 92CSJ-LEASEHOLD IMP. 81CSJ TV & INSTALL 85HP PC & PRINTER-3 IT VIEW-LEASEHOLD TOTAL 990 PAGE CSJ-REFRIGERATOR CURRENT ACTIVITY FILING 89MT VIEW SIGNS SJ-TELEPHONE Description 80HEADSET-EDU 932015 EQUIP 82PROJECTOR 84CUBICLES 83LAP TOP MT VIEW 86CABINET 88SYSTEM DEPR 90IMP 8 6 Asset No.

528102 04-01-15

(D) - Asset disposed

HC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

737717

2015 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Metriod	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
-29322600000000	ACQUISITIONS DISPOSITIONS					26,323.		0.	26,323.	0.		
	ENDING BALANCE ENDING ACCUM DEPR					1172400.		0.	1172400.	155,700. 210,145.		
	ENDING BOOK VALUE									962,255.		
					0	(D) - Asset disposed			* (TC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	age, Bonus, Com	mercial Revital	ization Deduction

737717

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates

OMB No. 1545-0172

Identifying number

Name(s)	shown on return			Business o	ractivity to wh	ich this form relate	ន	Identifying number
REA	L OPTIONS PREGNANC	Y MEDICAL	CLINICS					
CRI	SIS PREGNANCY CTRS	OF SANTA	CLARA CNT	FORM	990 P	AGE 10		94-2820673
Par	Election To Expense Certain Prop	erty Under Section 17	Note: If you have	any listed	property,	complete Part	V before y	
1 M	aximum amount (see instructions)						1	500,000.
2 To	otal cost of section 179 property place	ced in service (see li	nstructions)			*****	2	
3 Ti	nreshold cost of section 179 propert	y before reduction is	n limitation				3	2,000,000.
	eduction in limitation. Subtract line 3	•					1 -	
	ollar limitation for tax year, Subtract line 4 from Ilr						4	
6	(a) Description of p			t (business ı		(c) Elected		
		•						
7 Lj	sted property. Enter the amount from	n line 29			. 7			
	otal elected cost of section 179 prop					**********	8	
	entative deduction. Enter the smalle	-						
	arryover of disallowed deduction from							
	usiness income limitation. Enter the					•		
	ection 179 expense deduction. Add	the state of the s	The first of the second					
	arryover of disallowed deduction to							
	Do not use Part II or Part III below f							
Par				include l	sted prope	irty.)		
3,033,040	pecial depreciation allowance for qua		•					
	e tax year	,, , - ,				_	14	
	roperty subject to section 168(f)(1) e							
	ther depreciation (including ACRS)						ı .	
	MACRS Depreciation (Do n						,	
000002000	**************************************		Section A					
17 M	ACRS deductions for assets placed	in service in tax vea	ers beginning before	2015			17	50,683.
	you are electing to group any assets placed in se					. —	ï	
		s Placed in Service					tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecial (business/investment only - see instruction	use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
. b	5-year property	⊣ ⊦	0-0-1					
. <u></u>	7-year property	⊣	26,3	23. 7	YRS.	НУ	200DB	3,762.
d d	10-year property	⊣		 				
e.	15-year property	-					-	- ······ ·· · · · · · · · · · · · · · ·
Ť	20-year property	$\dashv \cdots \dashv$						
	25-year property				25 yrs.		S/L	
9	23-year property	1			27.5 yrs.	MM	S/L	
h	Residential rental property	, , , , , , , , , , , , , , , , , , ,			27.5 yrs.	MM	S/L	
••		 				MM	S/L	
i	Nonresidential real property	7	<u>.</u>		39 yrs.	MM.	S/L	
	Section C - Assets	Placed in Senire [Juring 2015 Tay V	par Heine	the Alter			<u> </u>
00-	Class life		Juning Edito Itax II		, the Alter	Total Bapiles	S/L	
20a		\dashv			12 yrs.		S/L	
_ <u>b</u> _	12-year	, ,		-	40 yrs.	MM	S/L	
Par	40-year W Summary (See instructions.)	1 / 1		<u></u>	TV YIS.	T TATEAS	; 3/L	<u> </u>
-	·····						74	
	sted property. Enter amount from lin						21	
	otal. Add amounts from line 12, lines						22	54,445.
	ter here and on the appropriate line or assets shown above and placed in		the state of the s		s - see inst	le come monte de la constitución	22	73/327.
	or assets shown above and placed in ortion of the basis attributable to sec				. 23			

115

REAL	OPTIONS	PREGNANCY	MEDICAL	CLINIC	18
OBTO	TO DESCRIP	NATOR OFFICE		AY 2 72 2	_

CRISIS PREGNANCY CTRS OF SANTA CLARA

94-2820673

 destinative dependent and destination (destination) destination for infinite for passenger automospies;
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)
(a) through (c) of Section A, all of Section B, and Section C if applicable.
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns
recreation, or amusement.)
Listed Property (include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for enterrainment,

24a Do you have evidence to	support the bu	siness/investment	use claimed?	Yes No	245 If *Y	es,* is the evide	ence written? 🗀] Yes [No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/Investment use only)		(g). Method/ Convention	(h) Depreciation deduction	Elec section co	n 179
25 Special depreciation al	lowance for q	ualified listed pro	perty placed in	service during the	ax year an	ď			
used more than 50% in	n a qualified b	usinėss use				25.			
26 Property used more tha	an 50% in a q	ualified busines:	s use:						
	4 4	%							
		%							
	1 4	%							
27 Property used 50% or	iess in a guali	fied business us	e:						
		%				S/L-			
	1 1	%				S/L-			
	3 1	%				S/L·]	
28 Add amounts in column	n (h), lines 25	through 27. Ente	er here and on li	ne 21, page 1		28		1	
29 Add amounts in column		_					29		

Section B - Information on Use of Vehicles

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 Total business/investment miles driven during the	1 -	(a) Vehicle		(b) Vehicle		(c) Vehicle		icle	{∈ Veh	•	í	f) nicle
year (do not include commuting miles)					13,,							
31 Total commuting miles driven during the year	<u> </u>		ļ									
32 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	Yes	No	Yes	No	Yes	No	Yes	No	Yes	Nó	Yes	No
during off-duty hours?						•						
35 Was the vehicle used primarily by a more												
than 5% owner or related person?												
36 Is another vehicle available for personal												
use?					l							1

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

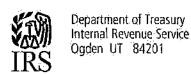
37	37 Do you maintain a written policy statement that prohibits all person	al use of vehicle	s, including commuting	, by your	Yes	No
	employees?					
38	38 Do you maintain a written policy statement that prohibits personal u	se of vehicles,	except commuting, by	/our		
	employees? See the instructions for vehicles used by corporate offi	cers, directors,	or 1% or more owners			
39	9 Do you treat all use of vehicles by employees as personal use?					
40	10 Do you provide more than five vehicles to your employees, obtain in	formation from	your employees about			
	the use of the vehicles, and retain the information received?				 	
41	11 Do you meet the requirements concerning qualified automobile den	onstration use	7			
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not comple					
	Part VI Amortization					
	(a)	(6)	(a)	(n)	 es.	

(a) Description of costs	(b) Date amortization begins	(c) Amortízable amount	(d) Code section	(e) Amortization period or percentage	(f); Amortization for this year	
2 Amortization of costs that begins during	your 2015 tax year:					
	1 +					
3 Amortization of costs that began before	our 2015 tax year		********************	43		
4 Total. Add amounts in column (f). See the		ro to roport		1.44		

516252 12-28-15

Form 4562 (2015)

Form 8868 (Rev. 1-2014)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Mo	onth Extension,	complete only Part II and check thi	s box	ke a o kon a na home an o an me e e e	► X
Note. Only complete Part II if you have already been gran					
• If you are filing for an Automatic 3-Month Extension,	complete only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Mo	nth Extensio	n of Time. Only file the origin	nal (no co	ppies needec	l)
		Enter filer's	identifyin	g number, see	instructions
Type or Name of exempt organization or other filer, se			Employer	identification nu	imber (EIN) or
print REAL OPTIONS PREGNANCY M					
File by the CRISIS PREGNANCY CTRS OF				94-2820	67.3
due date for filling your return. See 1671 THE ALAMEDA, NO. 10		tions.	Social se	curity number (S	SN)
instructions. City, town or post office, state, and ZIP code. SAN JOSE, CA 95126	For a foreign add	tress, see instructions.			
Enter the Return code for the return that this application is	s for (file a separa	te application for each return)			0 1
	, , , , , , , , , , , , , , , , , , , ,				
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already of		natic 3-month extension on a prev	iously file	d Form 8868.	
• The books are in the care of ▶ 1671 THE AL Telephone No. ▶ 408–229–9836	•	ITE 101 - SAN JOSE Fax No. ►	, CA	95126	
If the organization does not have an office or place of b	 useinace in the Llr				►
 If this is for a Group Return, enter the organization's for 					- Land
box . If it is for part of the group, check this box					
4 I request an additional 3-month extension of time un		BER 15, 2016.			110101-
5 For calendar year 2015, or other tax year beginn		, and endin	q		
	ered in line 5 is for less than 12 months, check reason: Initial return Final return				
7 State in detail why you need the extension					
THE ORGANIZATION HAS BEEN	UNABLE TO	ACCUMULATE THE N	ECESS	ARY DATA	IN
ORDER TO PREPARE THE RETUR					
				-	
8a If this application is for Forms 990-BL, 990-PF, 990-1	, 4720, or 6069,	enter the tentative tax, less any	i l		•
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720,					
tax payments made. Include any prior year overpayr	nent allowed as a	credit and any amount paid			_
previously with Form 8868.			86	\$	0.
6 Balance due. Subtract line 8b from line 8a. include		h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System), Se			8c	\$	0.
	•	it be completed for Part II o	-		
Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepar	e this form	anying schedules and statements, and to	o the best of	my knowledge an	d belief,
<u>Signature</u> ► Ti	le ➤ EA		Date		
				Form 8868	(Rev. 1-2014)



CRISIS PREGNANCY CENTERS OF SANTA CLARA COUNTY 1671 THE ALAMEDA STE 101 SAN JOSE CA 95126-2222

CP211A			
December 31, 2015			
September 12, 2016			
94-2820673			
Phone 1-877-829-5500			
FAX 801-620-5555			

Page 1 of 1



162721

Important information about your December 31, 2015 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2015 Form 990.

Your new due date is November 15, 2016.

What you need to do

File your December 31, 2015 Form 990 by November 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.