Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

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.

and ending

OMB No. 1545-0047

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

Inspection

В	Check I applica	C Name of organization REAL OPTIONS PREGNANCY MEDICAL CLINICS		D Employer	identif	ication number
Γ	Add	ess   antata nonalizator anna on anyma arana aran	- 1			
F	Nam Char	e s			9/1_7	820673
一	Initia retur		/ouito 6	Telephone		
F	Fina	1671 THE ALAMEDA 101	tanina   E	z tëlebtiolië	(408	ing the second control of the second control
_	retur term ated		<del>-  </del> ,	Gross receipt		1,998,741.
7	Ame			i(a) is this a		
F	Appl		─ '			s? Yes X No
_	pent	1237 WOODED HILLS DR, SAN JOSE, CA 95120				included? Yes No
1.	Taxe	xempt status: X 501(c)(3) 501(c).( ) ◀ (insert no.) 4947(a)(1) or	527			a list. (see instructions)
j,	Webs	ite: NWW.REALOPTIONS.NET				on number
						M State of legal domicile: CA
		Summary	1001 01	IOMMERION: 2		orate or legal dominate. Oxx
9	1	Briefly describe the organization's mission or most significant activities: PROVIDE COUNSELING	FRE	E PREG	NANC	Y TESTS &
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of	الم عاد عاد	OEN -K	\ 4 -	
Ϋ́	3	Number of voting members of the governing body (Part VI, line 1a)	more tr	ian 25% of f	is net a	
တိ		Number of independent voting members of the governing body (Part VI, line 1b)		**4-*********	. 3	9
න් ග	5	Total number of individuals employed in calendar year 2016 (Part V, line 1a)	*******		4	44
Ę.	8	Total number of volunteers (actimate if accessed)	erine Andres	************	<u>5</u>	100
촱	7 5	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
ĕ	1	Net unrelated business taxable income from Form 990-T, line 34		10,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a	0.
	<del>                                     </del>	The difference positions toyable income flots   distribution 54 American	<del></del>	Prior Year		Current Year
-	8	Contributions and grants (Part VIII, line 1h)		$\frac{1,571,}{1,571,}$		1,988,610.
a	9	Program service revenue (Part VIII, line 2g)		LyJILY.	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	3.1	045.	3,696.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			020.	6,435.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,581,		1,998,741.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>-</b>		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
LO.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,018,		1,332,184.
ıse		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)  458,913.				
û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		878,5	544.	1,255,210.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,897,3		2,587,394.
	19	Revenue less expenses. Subtract line 18 from line 12		-315,		-588,653.
Net Assets or Fund Balances			Begin	ning of Currer	it Year	End of Year
Sets	20	Total assets (Part X, line 16)		1,976,3	331.	1,504,893.
a As	21	Total liabilities (Part X, Ilne 26)		60,5	91.	76,107.
<b>2</b> 5	22	Net assets or fund balances. Subtract line 21 from line 20		1,915,7	740.	1,428,786.
		Signature Block				
		atties of perjury, I declare that I have examined this return, including accompanying schedules and sta				y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has	any knowled	ge.	
		Signature of officer				
Sign				Date		
Her	е	VALERIE HILL, EXEC DIRECTOR Type or print name and title				
		the state of the s	Doto			5-11 S-111
Deta		Print/Type preparer's name  Préparer's signature	Date		†       —	PTIN
Paid		HENRY BURNETT			eli-employe	P01267433
Prep		Firm's name BURNETT ACCOUNTING AND TAX SERVICE		Firm's	IN 🛌	
Use	uniy	Firm's address 1238 SUSAN WAY		, m./	, , , ,	101727 0270
	. At	SUNNYVALE, CA 94087		Phone.	no. (4 (	08)737-9318
May	the I.	RS discuss this return with the preparer shown above? (see Instructions)				X Yes No

TOOTH 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 7
YEARS.

1d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$:

e Total program service expenses ▶ 1,704,709.

137 REAL OPTIONS PREGNANCY MEDICAL CLINICS

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Form 990 (2016) CRISIS PREGN
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	┼─
3.	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	1	<del> </del>
٠.	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		<del> </del>	1
	during the tax year? If "Yes," complete Schedule C, Part II	4	İ	X
5.	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		1	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	İ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1	†	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ļ:-
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		<del> -</del>	
	Schedüle D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ť	<del> </del> -	
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
•	as applicable:			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	nososeed,	F160267540	0,500088
_	Part VI	11a	X.	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
7	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	710		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	· · · ·		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	114		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		. <del></del> -
	Schedule D, Parts XI and XII	12a	Х	
ъ	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12ь		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	j	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<del>-</del>	<u> </u>	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III		- 1	X:

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
k	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27. If "Yes," complete Schedule I, Parts I and III	22		X
23	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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		i	
	Schedule K. If "No", go to line 25a	24a		Х
b	A series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the	24b		! <u>.                                    </u>
Ċ	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		· X
.lb	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		X
26	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,"	1		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		İ	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ļ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		X
C	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	28¢		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		-	
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		İ	••
22	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7,7
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
.34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05-	Part V, line 1	34		X
35a		35a	-	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
.36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	<u>X</u>
uo	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O		x	
	Troop on a viril pay litera are required to complete donadate of	38	Λ	

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Form 990 (2016) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
			***************************************	/ <del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 10- if not applicable	ia	Ι 6	5		
b	<b>-</b>		(	100000000000000000000000000000000000000		
Ç.	Did the organization comply with backup withholding rules for reportable payments to vendors and		ole oamino			
	(gambling) winnings to prize winners?			10	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	44	ı		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	N9614.7980
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	10000001	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	1	
	At any time during the calendar year, did the organization have an interest in, or a signature or other			- 55	1	
	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:	acoco		70		
_	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCOLIN	to (EBAB)			
5a.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			68868	1000000	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b	<del>                                     </del>	X
	A DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA DE LA COLLEGA			<del></del>	<del>                                     </del>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c		
va						v
h	any contributions that were not tax deductible as charitable contributions?			6a	₩	<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contribut		rgnis	l		
7	were not tax deductible?	ela de él a per		6b	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	50 (000,520
7	Organizations that may receive deductible contributions under section 170(c).					37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sei			7a	-	X
b			· · · · · · · · · · · · · · · · · · ·	7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
_	to file Form 8282?			7.c		X
d -	If "Yes," indicate the number of Forms 8282 filed during the year					
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of problems of the personal benefit contribution of the little state.			7 <del>1</del>	-	
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplanes, airplane			7h		 (888 (887
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?	by the	1			
9		e	********************	8	600000000000000000000000000000000000000	<u> </u>
	Sponsoring organizations maintaining donor advised funds.				746000419	
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		****************	9a		
10	Section 501(c)(7) organizations. Enter:	*,	***************************************	9b		07% J. S.
a	the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	10a				
		10b				
11	Section 501(c)(12) organizations. Enter:	100				
a	· · · · · · · · · · · · · · · · · · ·	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	118				
~		116				
19a	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form					8600
	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o			12a	Uscus St.	38925%
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				
	Is the organization licensed to issue qualified health plans in more than one state?				<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.		rinda saanaa ka ka ka ka ka ka ka ka ka ka ka ka k	13a		26888
	Enter the amount of reserves the organization is required to maintain by the states in which the	40-1				
		13b	·			
14=	Did the organization receive any payments for indoor tanning services during the tax year?	13c				X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14a		Λ
IJ	in Tes, Has it sied a Forth 120 to report these payments? If Ivo, provide an explanation in Schedule	U		14b		

Form 990 (2016)

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673

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

Sec	tion A. Governing Body and Management	,		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	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 independent1b	9		<b>.</b>
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	P2117000A407	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		·
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
	persons other than the governing body?	76		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7Ь		<u> </u>
			v	
a·	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	· I	<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<del></del> _
	manager of the second control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ъ	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	<del></del>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	12b	X	
C.	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1. !		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes." to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	täxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availabl	€	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	al	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	VALERIE HILL - 408-229-9836			
	1671 THE ALAMEDA SUITE 101, SAN JOSE, CA 95126			

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CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

art VII	Compensation of Officer	s, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Indepen	dent Contra	ctors	•		

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

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

- 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.

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

	1	orga	aniza			mpe	กรส	ed any current officer, director, or trustee.					
(A)	(B)				C)			(D)	(E)	(F)			
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	TOEN:	is boi	h an	compensation	compensation	amount of			
	week		T	1000	1	77.00	1001	from	from related	other			
	(list any hours for	ig		l		_		the organization	organizations (W-2/1099-MISC)	compensation			
	related	5	器	ļ		STEE		(W-2/1099-MISC)	(MA-S) (DBB-MIDC)	from the organization			
	organizations	Individual trustee or director	Institutional trustee		蠡	umber	ŀ	(11 2 1000 111100)		and related			
	below	Gha	흏	, h	ed.	St CO	   5			organizations			
	line)	출	instil	Officer	Кеу етрюуее	Highest compensated employee	E			<b>3-</b>			
(1) LARRY BONALDI	1.00												
DIRECTOR		Х				<u>L.</u>	Ĺ	0	0.,	0.			
(2) VALERIE HILL	40.00												
EXEC DIRECTOR/CEO		X						71,992.	0.	0.			
(3) JOHN REED	2.00												
TREASURER		Х		Х				0.	0.	0.			
(4) BARRY RODENBERG	1.00	,				"							
VICE CHAIRMAN		Х		Х				0.	0.	0.			
(5) SHADIA HRICHI	1.00												
DIRECTOR		X						0.	0.	0.			
(6) PETER FINTER	2.00												
CHAIRMAN		Х		X				0	0.	0.			
(7) HOLLY CARMICHAEL	1.00			İ									
SECRETARY		Х		Х				0.	. 0 .	0.			
(8) JOHN JACOBSEN	1.00							_					
DIRECTOR		X						0.	. 0.	<u> </u>			
(9) TOM PETERSON	1.00	l		- 1			l	_					
DIRECTOR	1 00	Х	_	_				0.	0.	0.			
(10) DEANNA WILLIAMSON	1.00	.,							_				
DIRECTOR		Х		-				0.	0.	0.			
				_	_		_						
			- 1										
				-									
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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st (	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours per week	box	not c unle	Pos heck ss pe	rson	ithan Is bot	h an	compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director.	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
							<u>.</u>			
			_							· ·
		-								
										:
									.,,,,,,	
				_						
				ļ						
1b Sub-total				i • , ,	,,,:			71,992.	0.	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)			•					71,992.	0.	0.
2 Total number of individuals (including but n							о ге	-1 <u>, 7</u>		
compensation from the organization										Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se										3 X
For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	nsa	tion	and	oth	ner compensation from t	he organization	4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om:	any	unre	late	ed organization or indivi	dual for services	5 X
Section B. Independent Contractors										
Complete this table for your five highest con the organization. Report compensation for t									·	ation from
(A) Name and business		NO			itii C	11.14		(B)  Description of se		(C)
		1,0					+			
						41,4441144	-	<u></u>		
							$\dagger$		· · · · · · · · · · · · · · · · · · ·	
							+			
	***								,	
Total number of independent contractors (in \$100,000 of compensation from the organiz		t lim	ited	to t	hos 0		ed:	above) who received mo	ore than	

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CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Form 990 (2016).

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	irt V							
		Check if Schedule O con	tains a response	<u>or note to any li</u>	ne in this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue exclude from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns     Membership dues     Fundraising events     Related organizations     Government grants (contributions, gifts, grands similar amounts not included about	1b 1c 1d tions) 1e	379,340. 609,270.				
in or	6	Noncash contributions included in line						
ပြုံ	<u> </u>	Total Add lines 1a-1f			1,988,610.	<u> </u>		
Program Service Revenue	2 a	·		Business Code				
Δ.		All other program service reve						
	3	Total. Add lines 2a-2f	dividends, intere	st, and	3,696.	3,696.		
	4 5	Income from investment of ta Royalties	x-exempt bond p	roceeds >	3,000.	3,090.		
	b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 6,435. 0. 6,435.	(ii) Personal				
	.7 a	Net rental income or (loss)     Gross amount from sales of assets other than inventory     Less; cost or other basis	(i) Securities	(ii) Other	6,435.	6,435.		
ē	1	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	g events (not					
Other Revenue	Ь	including \$ 379,3 contributions reported on line Part IV, line 18.  Less: direct expenses	1c). See	0 <b>.</b>				
0			traising events		0.			
	þ	Gross sales of inventory, less and allowances	returns a					
	11 a	Net income or (loss) from sale: Miscellaneous Revenue	e E	Business Code				
	c d e	All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.	· · · · · · · · · · · · · · · · · · ·		.998.741.	10-131-	0 -	

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CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

Form 990 (2016) CRISTS PREGNA
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	71 000	F. 20.4	4	
	trustees, and key employees	71,992.	50,394.	15,838.	5,760
6					
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 070 601	720 002	101 070	
7	Other salaries and wages	1,078,621.	732,023.	191,272.	155,326
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	00 045	E 4 075	14 550	71 010
9	Other employee benefits	80,845.	54,975.	14,552.	11,318
10	Payroll taxes	100,726.	68,493.	18,131.	14,102
11	Fees for services (non-employees):	30 504		07 070	1A1 = 2.1
a	Management	30,584.		27,879.	2,705.
þ.		6 701	5 005		
	Accounting	6,721.	5,306.	1,415.	<del></del>
d				2000 (0.00)	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9		10 600	10 100	404	
	column (A) amount, list line 11g expenses on Sch O.)	12,693.	12,199. 233,302.	494	
	Advertising and promotion	241,127.	233,302.		7,825. 3,834.
13	Office expenses	3,834.	7 055	2 170	
14	Information technology	11,650.	7,855.	2,178.	1,617.
15	Royalties	227 214	220 224	60 716	47 224
16	Occupancy ,,,,,,	337,314. 16,134.	229,374. 10,971.	60,716.	47,224.
17	Travel	10,134.	10,971.	2,904.	2,259.
18	Payments of travel or entertainment expenses	ļ			
	for any federal, state, or local public officials	31,594.	30,008.	1,586.	
19	Conferences, conventions, and meetings	31,334.	30,000.	1,500.	
20	Interest Primarto to offiliaton				
21 22	Payments to affiliates  Depreciation, depletion, and amortization	183,927.	125,070.	33,107.	25,750.
22 23		14,025.	9,538.	2,524.	1,963.
23 24	Other expenses, Itemize expenses not covered	14,023.	7,556.	2,324.	1,303.
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) SPECIAL EVENTS	127,922.			127,922.
a k	IN KIND DONATIONS-OFFSE	80,646.	80,646.		121,722.
	SUPPLIES	74,836.	30,702.	5,042.	39,092.
ď	DUES, FEES, OTHER CHARG	41,106.	30,102.	41,106.	39,092.
_	All other expenses	41,097.	23,853.	5,028.	12,216.
	Total functional expenses. Add lines 1 through 24e	2,587,394.	1,704,709.	423,772.	458,913.
25 26	Joint costs. Complete this line only if the organization	2,700,700,40	X110411031	723 112 1	4007913.
LU	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				
	Check here If following SOP 98-2 (ASC 958-720)	<u>,</u>			

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Form 990 (2016)

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Page 11

al L	*	Balance Sheet  Check if Schedule O contains a response or note to any line in this Part X			
		Silver in Someodie Silver and a response of ficte to any line of this raft A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
İ	2	Savings and temporary cash investments	964,856.	2	574,264
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	110,187.	4	139,716.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501 (c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
.	7	Notes and loans receivable, net	, <u>.</u>	7	
		Inventories for sale or use		8	
- 1		Prepaid expenses and deferred charges	37,545.	9	42,356.
1	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,364,750.  Less: accumulated depreciation 10b 633,208.			
	Ь		849,192.	10c	731,542.
1		Investments - publicly traded securities		11	
1.		Investments - other securities. See Part IV, line 11		12	
- 1 '		Investments · program-related. See Part IV, line 11		13	
10		Intangible assets:		14	
1:		Other assets. See Part IV, line 11	14,551.	15	17,015.
11		Total assets. Add lines 1 through 15 (must equal line 34)	1,976,331.	16	1,504,893.
1	7	Accounts payable and accrued expenses	1,596.	17	8,012.
1 .	8	Grants payable		18	
.11		Deferred revenue		19	
2		Tax-exempt bond liabilities		20	
2		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2		Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
2:		Secured mortgages and notes payable to unrelated third parties		23	
2		Unsecured notes and loans payable to unrelated third parties		24	
2		Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	EQ. ONE		CO 60:E
١,		Schedule D	58,995. 60,591.	25	68,095.
20		Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ► X and	00,391.	26	76,107.
		complete lines 27 through 29, and lines 33 and 34.	1,787,741.		1 201 040
27		Unrestricted net assets.	127,999.	27	1,201,849.
28	o n	Temporarily restricted net assets Permanently restricted net assets	121,333.	28 29	216,937. 10,000.
. 23		Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶□□		29	10,000.
		and complete lines 30 through 34.			
30		Capital stock or trust principal, or current funds		30	
31		Paid in or capital surplus, or land, building, or equipment fund		31	
32		Retained earnings, endowment, accumulated income, or other funds		32	
33		Total net assets or fund balances	1,915,740.	33	1,428,786.
	_	Total not assets of total paralless	1,976,331.	00	1,504,893.

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r	REAL (	OPTIONS	PRE	GNANCY	ME	EDICAL	CLINIC	cs
orm 990 (2016)		S PREGNA	NCY	CTRS	OF	SANTA	CLARA	CNT
Part XI Reconciliation	of Net A	ssets						
Check if Schedule 9	O contains a	response or n	note to a	any line in t	his Pa	rt XI		

ořn	17 990 (2016) CRISIS PREGNANCY CTRS OF SANTA CLARA CNT	94-282	0673	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1 2 3 4 5 6	Total revenue (must equal Part Vill, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities	1 2 3 4 5 6	1,998, 2,587, -588, 1,915,	741 394 653.
8	Investment expenses Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	101.	699.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		1,428,	
Рa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule  Were the organization's financial statements compiled or reviewed by an independent accountant?	O;	Ye 2a	s No X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?	lon.a	2b	x
C.	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	edule O. gle Audit	2c	X
b.	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		26	
	or addite, explain with in confedure O and describe any steps taken to undergo such audits	<u></u>	3b	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

REAL OPTIONS PREGNANCY MEDICAL CLINICS Employ

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 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.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. 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 ь 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) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the greanization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing documents (described on lines 1-10) organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 09:21.16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (6)2013(c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1055550 2394726 1571664. 1900820. 1222253. include any "unusual grants.") 8145013. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1222253. 1055550. 2394726. 1571664 1900820. 8145013. Total. Add lines 1 through 3 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) 8145013. Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 1222253 1055550. 2394726. 1571664. 1900820. 8145013. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,623. 6,071. 3,872. 11,176. 23,742. and income from similar sources ... Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain. or loss from the sale of capital 460,073. assets (Explain in Part VI.) 460,073. 11 Total support. Add lines 7 through 10 8628828 12 Gross receipts from related activities, etc. (see instructions) 13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 94.39 % % 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

Schedule A (Form 990 or 990-EZ) 2016 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

<u>~</u>	AS DOLL O		, , , , , , , , , , , , , , , , , , , ,			<del></del>	
	ction A. Public Support	T			1	1	
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						ļ
	membership fees received. (Do not						
	include any "unusual grants.")	ļ. <b></b>					<u></u>
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in	<u> </u>					
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				İ		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					<u> </u>	
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						,
ć	Add lines 7a and 7b	,					
	Public support. (Subtractifine 7c from line 6.)						· · · · · · · · · · · · · · · · · · ·
	ction B. Total Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses					1 1	
	acquired after June 30, 1975						
c	Add lines 10a and 10b				· ·-	1	<del></del> -
11	Net income from unrelated business						
	activities not included in line 10b,		İ				
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					1	
	First five years. If the Form 990 is for	the organization's	first, second, third	L fourth, or fifth ta	x vear as a sectic	on 501/c)/3) omaniza	ation
	check this box and stop here						
Sec	tion C. Computation of Publi					******************************	
	Public support percentage for 2016 (li			olumn (fl)		15	%
16	Public support percentage from 2015	Schedule A, Part	II. line 15			16	<u></u>
Sec	tion D. Computation of Inves	tment Income	Percentage			,	<del></del>
	Investment income percentage for 20			e 13. column (fl)		17	%
	Investment income percentage from 2						<u>-</u>
	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box an						
b	33.1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						
				, ,	<u> ,                          </u>		**********

Schedule A (Form 990 or 990 EZ) 2016 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 4

## Part IV Supporting Organizations

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

Section A. A	AII.	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 Vihow the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 VIII we 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 12a or 12b 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.
- 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?
- 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.)

	Yes	No
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Sch	edule A (Form 990 or 990 EZ) 2016 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT9 4	-2820673 Page 5
	rt W 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)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Sec	ction B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Sec	tion C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sec	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	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
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
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	<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yearsee instruc-	tions).
a	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
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? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
-	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
·····	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	

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	edule A (Form 990 or 990 EZ) 2016 CRISIS PREGNANCY CTRS (			4-2820673 Page 6
200000000	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the integral Part Test as a qualifying			Part VI.) See instructions. A
Sect	other Type III non-functionally integrated supporting organizations must c ion A - Adjusted Net Income	omplete	Sections A through E.  (A) Prior Year	(B) Current Year (optional)
†	Net short-term capital gain	1 1		(opitorial)
<u>.</u>	Recoveries of prior year distributions	- 2		<u> </u>
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	+ *		
٠.	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)			
	ion B - Minimum Asset Amount	<b>8</b>	(A) Prior Year	(B) Current Year
		Processor.	(A) Frior Fear	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	15		
·c	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	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, see instructions)	4		
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		
Secti	on 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-functional	1 7 10	ted Type III supporting cross	ization (see
•	instructions):	A tracobic	ion 13 ho in cobbioting organ	uranou lacio

Schedule A (Form 990 or 990 EZ) 2016 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 1 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 4 Amounts paid to acquire exempt use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: 3 c From 2013 d From 2014 e From 2015. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder, Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 45 from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3) and 4c Breakdown of line 7: b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

Excess from 2016

REAL OPTIONS PREGNANCY MEDICAL CLINICS Schedule A (Form 990 or 990-EZ) 2016 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 8 Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule 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

2016

Name of the organization

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

Employer identification number

94-2820673

Огданізаціон туре (спеск	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								
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule									
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.								
Special Rules									
sections 509(a)(1) any one contribut	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, I, line 1. Complete Parts I and II.								
year, total contrib	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filling 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								
LHA For Paperwork Redu	action Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)								

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization
REAL OPTIONS PREGNANCY MEDICAL CLINICS
CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

94-2820673

Part I	Contributors (See instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 <sub>.</sub>	JOHN AND WENDY CADDEDU  11520 OLD RANCH ROAD  LOS ALTOS HILLS, CA 94024	s50,000.	Person X Payroll  Noncash  (Complete Part If for noncash contributions.)
(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	\$ <u></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
3	MARK AND KAREN MCLAUGHLIN  14810 SOBEY ROAD  SARAGOGA, CA 95070	\$ <u>49,000.</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	<u> </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
	,	<b>\$</b>	Person 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 II for noncash contributions.)

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

REAL OPTIONS PREGNANCY MEDICAL CLINICS

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

Employer identification number

Page 3

94-2820673

Noncash Property (See instructions). Use duplicate copies of F	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	*	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	\$:	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given    S

	(Form 990, 990-EZ, or 990-PF) (2016)			Page 4				
Name of orga				Employer identification number				
	PTIONS PREGNANCY MEDIC							
	PREGNANCY CTRS OF SAN	TA CLARA CNT		94-2820673				
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations describ columns (a) through (a) and the fol	ed in section 501(c)(7)	, (8), or (10) that total more than \$1,000 for				
	completing Part III, enter the total of exclusively religious	is, charitable, atc., contributions of \$1,000	or less for the year, (Enterth	ganizations is 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	to) . whose or give	(c) dae di giit	"	y Description of now gift is held				
	<del></del>							
į.								
ļ								
		(e) Transfer of g	jift					
ļ	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee				
		<del></del>	<del></del>					
-								
-								
(a) No.			<u> </u>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	) Description of how gift is held				
Faiti								
-								
			·····					
-			<del></del>   <del></del>					
	(e) Transfer of gift							
	(e) transier or Giff							
	Transferee's name, address, ar	Relationship	Relationship of transferor to transferee					
<u> </u>			netationship of transferor to transferee					
-								
.								
(a) No: from	(b) Purpose of gift	(i) Han assiss						
Part I	(b) Fulpose of gift	(c) Use of gift	{a,	Description of how gift is held				
_								
.		<u>.</u>						
-			<i>_</i>					
		(e) Transfer of gi	ft.					
	White a security of the second of the second	( TIP)						
	Transferee's name, address, an	0 ZIP + 4	Relationship	of transferor to transferee				
-				· · · · · · · · · · · · · · · · · · ·				
-								
-								
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
-			· · ·					
-								
				·				
		(e) Transfer of git	ft					
		· · · · · · · · · · · · · · · · · · ·						
	Transferee's name, address, and	1 ZIP + 4	Relationship	of transferor to transferee				
		·						
_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

B23454 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

## 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.

Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number 94-2820673

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, fir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
:2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ับกปร
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
<del>Toronio</del>	impermissible private benefit?	**********************************	Yes No
Pε	nt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	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		
2.	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
¢	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ucture included in (a)	2c
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during the tax
	year ►		_
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	lodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year
	• ·		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation of	easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes the o	rganization's accounting for
E#083	conservation easements.		
Pa	TIL Organizations Maintaining Collections of		· Similar Assets.
<del></del>	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS)		
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public s	ervice, 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	And the distribution of designation of the distribution are given as a section of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the	🟲 \$
2	If the organization received or held works of art, historical trea		, provide
	the following amounts required to be reported under SFAS 11		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2016

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	edule D (Form 990) 2016 CRISIS	PREGNANCY	CTR	S OF	SANTA (	CLARA	CNT	94-28	<u> </u>	3	Page 2
Pa	rt III Organizations Maintaining (	Collections of A	<u>\rt, His</u>	storical	l Treasure:	s, or Otl	ner Simila	ar Asse	ts/cont	inued	,
3	Using the organization's acquisition, access	ion, and other reco	rds, che	ck any of	the following	that are a	significant (	use of its	collection	on iter	ms
	(check all that apply):										
а	Public exhibition		d	Loan or	exchange pro	ograms					
b.	Scholarly research		e 🗀	Other_							
c	Preservation for future generations										
4	Provide a description of the organization's of	collections and expla	in hów i	they furth	er the organiz	zation's ex	empt purpo	se in Par	t XIİI.		
5	During the year, did the organization solicit	or receive donations	of art, I	nistorical	treasures, or	other simil	ar assets				
	to be sold to raise funds rather than to be m	aintained as part of	the org	anization	's collection?				Yes		No
Pa	rt IV Escrow and Custodial Arrar	<b>igements.</b> Comp	lete if th	e organiz	ation answer	ed "Yes" o	n Form 990	, Part IV,	line 9, o		
	reported an amount on Form 990, Pa	art X, line 21,									
1a	is the organization an agent, trustee, custoo	lian or other interme	diary fo	r contribu	itions or other	assets no	t included				
	on Form 990, Part X?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes		No
ь	If "Yes," explain the arrangement in Part XIII										
									Атоил	ŧ	
Ç	Beginning balance					***************************************	1c				
d	Additions during the year	*****				,.,,	1d				
¢.	Distributions during the year						te				
f	Ending balance	·*	ومتوسقوه مامو		************		1f				
	Did the organization include an amount on F								Yes		No
b	if "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanati	on has b	een provided	on Part XI	<u> </u>		<u></u>		
Pa	TV Endowment Funds. Complete	f the organization a	nswered	l "Yes" or	n Form 990, P	art IV, line	10.				
		(a) Current year	(b) I	<sup>o</sup> rior year	(c) Twó y	ears back	(d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance		<u> </u>								
b	Contributions										
c	Net investment earnings, gains, and losses		<u> </u>								
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs		<u> </u>								
f	Administrative expenses										
9	End of year balance		<u> </u>								
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, colum	n (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	<u>"</u> %									
ç	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are hel	d and adminis	stered for t	he organiza	ition			
	by:								[	Yes	No
	(i) Unrelated organizations	***********			-1-1-1-1-2-2			-,	3a(i)		-
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule	R?	. :			3b		
4	Describe in Part XIII the intended uses of the		wment	funds.			<u> </u>				
Par	t VI ] Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	/, line 11a	a. See Form 9	90, Part X,	line 10.				
	Description of property	(a) Cost or o		(b) Co	ost or other	(c) A	ccumulated		(d) Book	value	e
		basis (investo	nent)	bas	is (other)	de	preciation				
	Land										
	Buildings			9	24,420		307,33	0.	617	,09	90.
c	Leasehold improvements										
	Equipment										
	Other				40,330		325,87	8.	114	, 4	52.
Total.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part .	X, colun	nn (B), line	e 10c.)			<b>▶</b>	731	,54	$4\overline{2}$ .

Schedule D (Form 990) 2016

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule D (Form 990) 2016 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Page 3

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" or	n Form 990 Part İV lin	e 11h See Form 990 Part X line 1	>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	Form 990, Part IV, lin	a 11c. See Form 990, Part X, line 13	i,
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			-
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ➤			
Part IX Other Assets.			· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" on		a 11d. See Form 990, Part X, line 15	
(a) De	scription.		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)	•		
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 1.  Part X Other Liabilities.		***************************************	is. P
Complete if the organization answered "Yes" on	Form 990, Part IV, line		ine 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED COMPENSATION		68,095.	
(3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(4).			
(5)			
(6):			
(7)			
(8)			
(9)		60.005	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25		68,095.	
Liability for uncertain tax positions. In Part XIII, provide the			
organization's liability for uncertain tax positions under FIN	i 48 (ASC 740). Check	nere if the text of the footnote has	been provided in Part XIII

632053 08-29-16

Schedule D (Form 990) 2016

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REAL OPTIONS PREGNANCY MEDICAL CLINICS CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Page 4 Schedule D (Form 990) 2016 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 1,998,741. 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) .2d Add lines 2a through 2d 2e 1,998,741. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 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 2,587,394. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a b Prior year adjustments 2Ь c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 2,587,394. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 2,587,394. 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, line 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.

Open to Public

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

OMB No. 1545-0047

	TIONS PREGNANCY ME PREGNANCY CTRS OF				ĺ	94-2820	entification number 1673
Part Fundraising Activities. required to complete this part	Complete if the organization answet	ered "\	res" o	n Form 990, Part IV,			
1 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, Pab if "Yes," list the 10 highest paid individed compensated at least \$5,000 by the	ed funds through any of the following and Solicitates of Solicitates of Solicitates of Special surprise of Special surprise of Special surprise of Special surprise of Special surprise of Special surprise of Special surprise of Special surprise of Special surprise of Special surprise of Special surprise of Special surprise of Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special	tion of tion of fundra (inclu- profess	non-g gover aising ding c	overnment grants nment grants events fficers, directors, trui fundraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundralser)	(ii) Activity	(iii) fundi have o or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (or	mount paid retained by) indraiser ed in col. (i)	(vī) Amount paid to (or retained by) organization
		Yes	No				
		<u> </u>				<del></del>	
						··································	
		·					
Total  3 List all states in which the organization or licensing.	n is registered or licensed to solicit c		<b>▶</b>   utions	or has been notified	it is e	xempt from re	gistration
		<u></u>		· · · · · · · · · · · · · · · · · · ·			

632081 09-12-16

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

REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule G (Form 990 or 990 EZ) 2016 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 2 Fundralsing Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts 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)) (event type) (event type) (total number) Revenue 268,953. Gross receipts 110,387. 379,340. 268,953. 110,387 2 Less: Contributions 379,340. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ... 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes \_ Yes 6 Volunteer labor No Nο No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: \_ 632082 09-12-16 Schedule G (Form 990 or 990-EZ) 2016

REAL OPTIONS PREGNANCY MEDICAL CLINICS

Sch	edule G (Form 990 or 990 EZ) 2016 CRISIS PREGNANCY CIRS OF SANTA CLARA CNIT94-		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		·
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	1425	0.0
			<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No.
	If "Yes," enter the amount of garning revenue received by the organization 🕨 \$ and the amount		
M	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 🕨 \$		
	Description of services provided 🕨		
			····
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		•
	organization's own exempt activities during the tax year ▶ \$	<del></del> -	
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and Part III, line 15, columns (iii) and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v); and (v	ies 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
			TORNA.
			<del></del> -
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	REAL OPTION	S PREGNAN	CY MEI	DICAL C	LINICS			
Schedule G (Form 990 or 990-EZ)  Part V Supplemental Infor	CRISIS PREG	NANCY CTR	S OF S	SANTA C	LARA C	NT94-282	0673	Page 4
rarciv   Supplemental Infor	mation (continued)							
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**SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No.: 1545-0047 6 Open to Public

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

Inspection

Name of the organization	REAL OPTIONS PREGI CRISIS PREGNANCY (			Employer identification number 94-2820673
FORM 990, PART	VI, SECTION B, LIN	E 11B:		
BOARD PERFORMS	DETAILED REVIEW WI	TH THE DIRECT	OR.	
FORM 990, PART	VI, SECTION B, LIN	E 12C:		
ALL OFFICERS, I	DIRECTORS, AND KEY	EMPLOYEES MUS	T READ THE	POLICY AND COMPLY
IN ANY TRANSACT	TION THAT INVOLVES A	A CONFLICT OF	INTEREST.	
FORM 990, PART	VI, SECTION C, LINI	E 19:		
UPON REQUEST				
FORM 990, PART	XI, LINE 9, CHANGES	IN NET ASSE	TS:	
ORGANIZATION AC	CQUISITION	AMALA .		101,699.
AMENDED FORM 95	O TO COMFORM TO CPA	A AUDIT		
EXPLANATION FOR	R AMENDED FORM 990-2	2016. THE OR	GANIZATIONS	CPA AUDIT WAS
NOT COMPLETED A	AT THE DUE DATE FOR	FILING THE R	ETURNS. THE	REFORE
ESTIMATED AMOUN	TS WERE USED TO FIL	E THE ORIGIN	AL FORMS. T	HIS AMENDED
990 CORRECTS TH	E REPORTING TO THE	AUDIT RESULT	S.	
		#U.A		

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Name(s) sho	own on return
	ODE TON

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 179

Form 4562 (2016)

REA	AL OPTIONS PREGNANC	CY MEDICAL	CLINICS	·			
	ISIS PREGNANCY CTR			RM 990 P	AGE 10		94-2820673
Pa	t I Election To Expense Certain Proj	erty Under Section 1	79 Note: If you have any li	sted property,	complete Par	t V before	
	Maximum amount (see instructions)		\$6465° - 6-41 - 65 - 64 - 65 - 65 - 65 - 65 - 65 - 65				500,000.
2 7	otal cost of section 179 property pla						
	hreshold cost of section 179 proper						2,010,000.
	Reduction in limitation. Subtract line						
	ollar limitation for tax year. Subtract line 4 from I						
6	(a) Description of		(b) Cost (bush		(c) Electe		
7 L	isted property. Enter the amount fro	m line 29		7			
	otal elected cost of section 179 proj			-		8	
	entative deduction. Enter the smalle						
10 C	arryover of disallowed deduction fro	m line 13 of vour 20	115 Form 4562	***********	**********	10	
11 B	usiness income limitation. Enter the	smaller of business	income (not less than ze	ro) or line 5	**	11	
	ection 179 expense deduction. Add						
	arryover of disallowed deduction to					,,   IE.	
	Don't use Part II or Part III below fo			10			
Par				e listed propert	14.1		
and the second	pecial depreciation allowance for qu						
	•	7 7 7	5 5 55 5		-		
4E 0	ne tax year			••••••	÷740	14	
10 7	roperty subject to section 168(f)(1) e	lection			**-*-*	15	
Dar	ther depreciation (including ACRS)  MACRS Depreciation (Don	Tipolyda lietad ame	vortu \ /Coo instructions \		***************	16	
	THE WACKS DEPRECIATION (DOI	r monge gated blok	Section A	····			
	IA CDD de divistina e facilità a la la la la la la la la la la la la l			······································		145	160 650
	IACRS deductions for assets placed					17	168,652.
10	you are electing to group any assets placed in se		nto one or more general asset acce During 2016 Tax Year I			<u> </u>	
	Gettion B - Asset	(b) Month and	(c) Basis for depreciation		rai Deprecia	tuon Syste	3M :
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property						
ь_	5-year property		188,159.	5 YRS.	HY	200DB	15,275.
_ c	7-year property						
ď	10-year property						
e	15-year property	_  -					
f	20-year property	_					
_ 9	25-year property			25 yrs.		S/L	
h	Residential rental property	7		27.5 yrs.	MM	S/L	
	nesidential remail property			27.5 yrs.	MM	S/L	
ì	Nonresidential real property	/		39 yrs,	MM	S/L	
	· · · · · · · · · · · · · · · · · · ·	/			MM	. S/L	
	Section C - Assets	Placed in Service D	Juring 2016 Tax Year Us	ing the Alterna	tive Deprec	iation Sys	tem
20a	Class life	L			<u> </u>	S/L	······································
b	12-year			12 yrs.		S/L	
С	40-year	/		40 yrs.	MM	S/L	
Part	IV Summary (See Instructions.)						<u> </u>
<b>21</b> Lis	sted property. Enter amount from lin	e 28	-4**		At (1	21	
22 To	otal. Add amounts from line 12, lines				4.00		
En	iter here and on the appropriate lines	s of your return. Par	tnerships and S corporati	ons · see instr.		22	183,927.
	or assets shown above and placed in ortion of the basis attributable to sec	to the second second second	current year, enter the	23			

616251 12-21-16 LHA For Paperwork Reduction Act Notice, see separate instructions.

REAL	OPTIONS	PREGNANCY	MEDICAL	CLINICS				

Form	4562	(201)	6)

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

94-2820673 Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment,

Part V recreation, or amusement.)

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

	Section A -	Depreciation	on and Other Info	ormation (Caut	ion: See th	e instruc	tions for lin	nits for passen	ger automobiles.	)
24a	Do you have evidence to s	upport the bu	siness/investment (	ise claimed?	Yes	No.	24b lf "Ye	s," 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			(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25	Special depreciation allo	wance for q	ualified listed pro	perty placed in	service du	ing the ta	ax year and	j		
	used more than 50% in									
	Property used more than							<del></del>		
		: :	%						-	
		7 :	%							
		7 1	%							<u> </u>
27	Property used 50% or le	ss in a quali	fied business use	);						<u></u>
		; ;	%					S/L·		
		1 1	%					S/L -		
		: 1	%					S/L.		
	Add amounts in column Add amounts in column							28	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		(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31	year (don't include commuting miles)  Total commuting miles driven during the year							<del>                                     </del>		-				
	Total other personal (noncommuting) miles driven													
33	Total miles driven during the year.  Add lines 30 through 32												•	
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
35	Was the vehicle used primarily by a more than 5% owner or related person?													
36	is another vehicle available for personal use?													

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

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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		···
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	.[ .	
39	Do you treat all use of vehicles by employees as personal use?		_
	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
D	ort M. Amortization		

(a) Description of costs	(b) Cate amortization begins	(c) Amortižablé amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins during	g your 2016 tax year:				
	1 1				
3 Amortization of costs that began before	43				
14 Total, Add amounts in column (f). See t					

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