Form 990

Department of the Treasury

A For the 2013 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

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

and ending

2013 Open to Public

OMB No. 1545-0047

Open to Public Inspection

C Name of organization Check if D Employer identification number REALOPTIONS PREGNANCY MEDICAL CLINICS X Address change CRISIS PREGNANCY CTRS OF SANTA CLARA CNT Name change 94-2820673 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1671 THE ALAMEDA 101 (408)229-9836 Amende City or town, state or province, country, and ZIP or foreign postal code 2,231,069. G Gross receipts \$ Applica-tion SAN JOSE, CA 95126 H(a) Is this a group return pending F Name and address of principal officer: VALERIE HILL for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.REALOPTIONS.NET H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1982 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE FREE PREGNANCY TESTS & Activities & Governance COUNSELING 2 Check this box ▶ $oldsymbol{ol{ol{oldsymbol{ol}}}}}}}}}}}}}}}}}}}$ Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) $\overline{11}$ 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 23 5 Total number of volunteers (estimate if necessary) 6 120 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,222,253. Revenue 1,058,575. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,623. 466,144. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 585. 11 0. 1,224,876. 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,525,304. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 458,085. 642,369. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) > 234,124. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 670,394. 747,098. 1,128,479. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,389,467. 19 Revenue less expenses. Subtract line 18 from line 12 96,397. 135,837. Assets or I **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 1,962,562. 1,519,620. 21 Total liabilities (Part X, line 26) 646,626. 67,849. Net assets or fund balances. Subtract line 21 from line 20 315,936. 1,451,771. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign VALERIE HILL, EXEC DIRECTOR Here Type or print name and title Preparér's signature Print/Type preparer's name PTIN Paid HENRY BURNETT P01267433 Firm's name BURNETT ACCOUNTING AND Preparer TAX SERVICE Firm's EIN Firm's address 1238 SUSAN WAY Use Only SUNNYVALE, CA 94087 Phone no. (408) 737-9318 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

332002 10-29-13 938,250.

4d Other program services (Describe in Schedule O.)

4e Total program service expenses ►

) (Revenue \$

737717

67 REALOPTIONS PREGNANCY MEDICAL CLINICS

Form 990 (2013) CRISIS PREGNANCY CTRS OF SANTA CLARA CNT
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)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the clistinution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essenient, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization as anount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide accounted by the part of the	Yes X X	No
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	- -	X
		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		
or more? If "Yes," complete Schedule F, Parts I and IV	[_:	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	\top	
foreign organization? If "Yes," complete Schedule F, Parts II and IV		<u>X</u>
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<u>X</u> _
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	\perp	
19 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"	-	
complete Schedule G, Part III		<u>X</u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Form 990 (2013)

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	1
	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 individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		İ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		-	
	Schedule J	23	ļ	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			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	_	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		i i	
	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		i	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	}	Х
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		[·
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		· - T	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	38	X	

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT Form 990 (2013) Part V Statements Regarding Other IRS Filings and Tax Compliance

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Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable be Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filled for the calendar year ending with or within the year covered by this return be If at least one is reported on line 2a, did the organization fille all required federal employment tax returns? 2b If at least one is reported on line 2a, did the organization fille all required federal employment tax returns? 2c If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4d If "Yes," enter the name of the foreign country: See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5d Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(e). 6d Did the organization shat may receive deductible contributions u		Check if Schedule O contains a response or note to any line in this Part V			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f	đ	If "Yes," indicate the number of Forms 8282 filed during the year			
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and seation 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization ilicensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand c Enter the amount of reserves on hand lid the organization receive any payments for indoo	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders					
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c Enter the amount of reserves on hand					
4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X 14b	c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	4a	Distance and the second	14-		Y
					<u> </u>
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Form 990 (2013)

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.

Se	ction A. Governing Body and Management		<u></u>	<u></u>	·	· -	
			<u> </u>		_	Yes	No
15	Enter the number of voting members of the governing body at the end of the tax year	1a		11			
	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.						
b	Enter the number of voting members included in line 1a, above, who are independent	16		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	1:			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		Х
7a		point	one or				
	more members of the governing body?	,,,,,,,,,,,			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or				
	persons other than the governing body?	·· <i>·</i> ····		1 -	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?				8a	X	
þ					8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9]	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
			- -			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			1	0a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			1	оь	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form	7 1	1a	X	
b			-				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1:	2a	X	
ь		to confl	icts?		2b	Х	
c	o by the second of the second						
	in Schedule O how this was done			1	2c	X	
13	Did the organization have a written whistleblower policy?			1	3	Х	
14	Did the organization have a written document retention and destruction policy?		*****************	1	4	X	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a	The organization's CEO, Executive Director, or top management official			18	5a 📗		X
Ь	Other officers or key employees of the organization			15	5b		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 arrangem						
	taxable entity during the year?		••••••	16	ia		<u>X</u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
	exempt status with respect to such arrangements?			16	ib		
	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed CA			_	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s oni	y) avail	lable		
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain in	ı Sche	dule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, con	flict of	interest policy,	and fin	nanci	al	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and MEGAN SANCHEZ $-408-229-9836$	recon	ds of the organi	zation:	· •	<u>.</u>	_
	3315 ALMADEN EXPRESSWAY #25, SAN JOSE, CA 95118			-			

94-2820673

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

Form 990 (2013)

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

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

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

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.

Check this box if neither the organization		org	aniz			mpe	nsa	ted any current officer,	director, or trustee.	· · · · · · · · · · · · · · · · · · ·
(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кау епріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RUDY JANZEN	3.00	١.,					İ			
CHAIRMAN	2.00	X	<u> </u>	Х	ļ	ļ	_	0.	0.	0.
(2) ANDREA JANZEN	2.00	X			Ì		ŀ			•
DIRECTOR (3) LARRY BONALDI	1.00	├≏	<u> </u>		-	H	_	0.	0.	0.
DIRECTOR	1.00	X						0.	ا م	0
(4) WILL GOULDING	1.00		_		 			0.	0.	0.
DIRECTOR		x						0.	0.	0.
(5) VALERIE HILL	40.00			-	-	1-		V •		
EXEC DIRECTOR/CEO		х						74,000.	0.	0.
(6) JOHN REED	2.00							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
TREASURER		X		Х				0.	0.	0.
(7) BARRY RODENBERG	1.00									
SECRETARY		X		X				0.	0.	0.
(8) SHADIO HRICHI	1.00									
DIRECTOR		X	ļ	\Box				0.	0.	0.
(9) PETER FINTER	1.00		ľ							
VICE CHAIR & SECRETARY	1	Х	_					0.	0.	<u> </u>
(10) HOLLY CHARMICHAEL	1.00			ļ			Ì			
DIRECTOR	1 00	X	_	- [_		_	0.	0.	0.
(11) STEVEN BELTON M.D.	1.00	v	i	i						_
MEDICAL DIRECTOR		X		-		-		0.	0.	0.
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Form 990 (2013)

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REALOP	TIONS	PREGNANCY	MEDICAL	CLINICS

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form 990 (2013)	CRISIS	PREGNANCY	CTRS	of	SANTA	CLARA	CNT

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploye	es,	and	J Hi	ghe	șt Co	mpensated Employ	vees (continued)		
(A) Name and title	(B) Average hours per week	Average Position (do not check more than box, unless person is bo			l than is bot	one	(D) Reportable compensation from	(E) Reportable compensati	on ar	(F) stimated mount of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоусе	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	ns com SC) fi org an	other npensation from the ganization ad related anizations
			i		_						
		1	-								
Sub-total Total from continuation sheets to Part Vi Total (add lines 1b and 1c)	, Section A)	>	74,000 0 74,000	•	0.	0. 0.
Total number of individuals (including but no compensation from the organization							o reci			le	0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so			_	,			_	•			Yes No
 For any individual listed on line 1a, is the surand related organizations greater than \$150 Did any person listed on line 1a receive or a 	,000? If "Yes," ccrue compen	com _l sation	<i>plet</i> n fro	e So om a	chec iny t	<i>fule</i> unre	J for lated	such individual organization or indiv	/idual for services	4	X
rendered to the organization? If "Yes," comp Section B. Independent Contractors	olete Schedule	J for	SUÇ	h pe	erso	n				, 5	<u> X</u>
Complete this table for your five highest cor the organization. Report compensation for t										pensation fr	om
(A) Name and business a		NON						(B) Description of		(C) Compen	
	 										
											· · · · · · · · · · · · · · · · · · ·
						• • • •					· · · · · · · · · · · · · · · · · · ·
Total number of independent contractors (in	cluding but no	t limit	ed t	to th	9201	liste	ed ab	ove) who received n	nore than		

\$100,000 of compensation from the organization

Form 990 (2013)

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Form 990 (2013) CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673

Part VIII Statement of Revenue

·:	147 kg -	Check if Schedule O cor	<u>itains a re</u>	spons	e or note to any	line in this Part VIII	(B)	100000	
						Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts				1a					
Great	ı	b Membership dues		1b					
A,ts	4	Fundraising events		1c	200,216				
9 9	•	d Related organizations		1d					
ē,Ë	•	Government grants (contribu	itions)	1e					
e दे	1	f All other contributions, gifts, gra	nts, and						
흔된		similar amounts not included ab-	ove	11	858,359	<u>.</u>			
절절	٤	Noncash contributions included in line	s 1a-1f: \$						
<u>0</u> 8		Total. Add lines 1a-1f			<u>.,</u>	1,058,575			
Į					Business Cod	<u>e</u>			
. <u>5</u>	2 a	·			<u> </u>				
Program Service Revenue	Ŀ	·				<u> </u>			
e a	C	·				<u> </u>			
19.5	c	·							1
<u>8</u>	e	·			ļ	<u> </u>			
<u>~</u>	f	All other program service rev							
	g	Total. Add lines 2a-2f	<u> </u>		<u> </u>				
	3	Investment income (including	ı dividend	s, inte	rest, and	İ			
		other similar amounts)		<i></i>		6,071	6,071.		
	4	Income from investment of ta	x-exempt	bond	proceeds 🕨				
	5	Royalties	·· <u>····</u>		<u></u>				
			(i) R		(ii) Personal				
i	6 a	Gross rents		585		1			
ŀ	Ь	Less: rental expenses		0					
	c	Rental income or (loss)		585		1			
-	d	Net rental income or (loss)				585	585	Amount and principle \$ 100 p. (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	San Pa I, II, I, I (1) and an account of the sand one
		Gross amount from sales of	(i) Secu		(ii) Other				
		assets other than inventory			1,140,000.	1			
	ь	Less: cost or other basis							
		and sales expenses	[679,927,				
	c	Gain or (loss)			460,073.				
		Net gain or (loss)				460,073.	460 073.	PC-0	Geronalen (Lines alternaen) hallpatta.
•		Gross income from fundraising							
Shue		including \$ 200	,216. of						
<u>چ</u>		contributions reported on line	1c). See						
눎		Part IV, line 18	<i>-</i>	а	25,838.				
Other Reve	Ь	Less: direct expenses							
٦	c	Net income or (loss) from fund	Iraising ev	ents	>	0.		- The second of the second of	espates of the recover of the state college of 1
	9 a	Gross income from gaming ac	tivities. S	e e					
		Part IV, line 19			L				
	b	Less: direct expenses							
	¢	Net income or (loss) from gam	ing activit	ies	>				
1	0 a	Gross sales of inventory, less	returns						
		and allowances							
	b	Less: cost of goods sold							
	c	Net income or (loss) from sales	of invent	ory	>				
		Miscellaneous Revenue	<u> </u>		Business Code				
1	1 a								and the second part of
	b								
-	c								
		All other revenue							
		Total. Add lines 11a-11d							
1:	2	Total revenue. See instructions.				1,525,304.	466,729.	0.	0 .
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CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Page 10 Form 990 (2013)

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must co			complete column (A).	
	Check if Schedule O contains a respo	onse or note to any line in			<u> </u>
	not include amounts reported on lines 6b, .8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		:		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,000.	51,800.	16,280.	5,920
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	479,487.	330,106.	83,348.	66,033.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<u> </u>			<u> </u>
9	Other employee benefits	37,433.	25,829.	6,738.	4,866.
10	Payroli taxes	51,449.	35,500.	9,261.	6,688.
11	Fees for services (non-employees):				
а	Management	44,422.	30,425.	13,997.	
b	Legal				
c	Accounting	6,760.		6,760.	
d	Lobbying	·····			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	7.5.4	· · · · · · · · · · ·	<u></u>	·-··
12	Advertising and promotion	164,179.	74,835.		89,344.
13	Office expenses	25,134.	8,677.	16,078.	379.
14	Information technology	11,868.	8,189.	2,136.	1,543.
15	Royalties	164 405			
16	Occupancy	164,425.	152,915.	6,577.	4,933.
17	Travel	36,737.	36,737.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 570	70 570		<u></u>
19	Conferences, conventions, and meetings	19,579. 46,520.	19,579.	46 530	
20 21	Interest Payments to officiates	40,520.		46,520.	
21 22	Payments to affiliates	35,562.	33,073.	1 422	1 000
22 23	Insurance	14,433.	13,423.	1,422.	1,067.
23 24	Other expenses, Itemize expenses not covered	14,433.	13,423.	577.	433.
64	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)	85,030.	85,030.		
	SPECIAL EVENTS	31,013.	0.		21 012
	PRINTING	26,455.	6,249.	1,630.	31,013.
	SUPPLIES	19,822.	15,985	1,979.	18,576.
	All other expenses	15,159.	9,898.	3,790.	1,858.
	Total functional expenses. Add lines 1 through 24e	1,389,467.	938,250.	217,093.	1,471.
	Joint costs. Complete this line only if the organization	-10071-011	230,230.	211,093.	234,124.
	reported in column (8) joint costs from a combined				
	educational campaign and fundraising solicitation.			İ	
	Check here if following SOP 98-2 (ASC 958-720)			f	
	10.39.13	<u></u> -	<u></u>		5 000 00 0

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Form 990 (2013)
Part X Balance Sheet

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Pe	IT (A	Balance Sheet			·		······································
		Check if Schedule O contains a response or no	ote to any	line in this Part X	<u> </u>		
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing				1	-1
	2	Savings and temporary cash investments			1,142,680	. 2	1,013,585
	3	Pledges and grants receivable, net				3	,
	4	Accounts receivable, net			41,611.		52,234
	5	Loans and other receivables from current and t					
		trustees, key employees, and highest compens					
		Part II of Schedule L			The state of the s	5	
	6	Loans and other receivables from other disqual				١٠٠	
		section 4958(f)(1)), persons described in sectio					
		employers and sponsoring organizations of sec					
ţ		employees' beneficiary organizations (see instr)			Taryon years - access or exerting in service (199)	6	
Assets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8	<u> </u>
	9	Prepaid expenses and deferred charges			15,725.		6,209
	10a						0,203.
		basis. Complete Part VI of Schedule D	10a	556,417.			
	ь	Less: accumulated depreciation		126,268.	750,456.	10c	430,149.
	11	Investments - publicly traded securities			7307 430.	11	430,149.
	12	Investments - other securities. See Part IV, line			· · · · · · · · · · · · · · · · · · ·	12	<u> </u>
	13	Investments - program-related. See Part IV, line					· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets			· · · · · · · · · · · · · · · · · · ·	13	
	15	Other assets. See Part IV, line 11		***************************************	12,090.	14	17 11
	16	Total assets. Add lines 1 through 15 (must equ			1,962,562.	15	17,444. 1,519,620.
	17	Accounts payable and accrued expenses			24,165.		36,477.
	18	Grants payable			24,103.	17	30,4//.
	19	Deferred revenue		18			
	20	Tax-exempt bond liabilities		19			
	21	Escrow or custodial account liability. Complete	Part IV of 9	Schadula D		20	
(n	22	Loans and other payables to current and former				21	
ii:		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				~~	
֡֡֞֞֞֡֟֡	23	Secured mortgages and notes payable to unrela			594,234.	22 23	0.
	24	Unsecured notes and loans payable to unrelated			371/231.	24	
	25	Other liabilities (including federal income tax, pay				24	
		parties, and other liabilities not included on lines					
		Schedule D		· i	28,227.	25	31,372.
-	26	Total liabilities. Add lines 17 through 25		*************	646,626.	26	67,849.
		Organizations that follow SFAS 117 (ASC 958)					0,,049.
g		complete lines 27 through 29, and lines 33 and					
ĕ	27	Unrestricted net assets		i	1,253,717.	27	1,241,566.
e e	28	Temporarily restricted net assets		62,219.	28	210,205.	
9	29					29	210,203.
5		Organizations that do not follow SFAS 117 (AS					
5		and complete lines 30 through 34.	.,,				
2		Capital stock or trust principal, or current funds			Anna ningga paga paga pangga pangga pangga pangga pangga pangga pangga pangga pangga pangga pangga pangga pang	30	and a water power in the PALE of galaxies (C. 1). If it
ivel Assets of Fund balances	31	Paid in or capital surplus, or land, building, or equ	uipment fu	ind		31	· · · · · · · · · · · · · · · · · · ·
		Retained earnings, endowment, accumulated inc				32	
•		Total net assets or fund balances			1,315,936.	33	1,451,771.
		Total jiabilities and net assets/fund balances			1,962,562.	34	1,519,620.
							Form 990 (2013)

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Form	1990 (2013) CRISIS PREGNANCY CTRS OF SANTA CLARA CNT	94.	-2820673	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			
			· 	
1	Total revenue (must equal Part Viil, column (A), line 12)	1	1,525	,304.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,389	,467.
3	Revenue less expenses. Subtract line 2 from line 1	3		,837.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,315	,936.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6	·	
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,451	,773.
Par	1 XII Financial Statements and Reporting			' /
	Check if Schedule O contains a response or note to any line in this Part XII			🗀
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			373
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis 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	audit.		
	review, or compilation of its financial statements and selection of an independent accountant?			The same
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing			
	Act and OMB Circular A-133?	-	39	X

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

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

Form 990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

REALOPTIONS PREGNANCY MEDICAL CLINICS

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

OMB Na. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

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 11, check only one box.) 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes | No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (Iv) Is the organization (v) Did you notify the (vi) is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (i) organized in the U.S.? in col. (i) listed in your organization in col. (described on lines 1-9) organization support governing document? (i) of your support? above or IRC section. (see instructions)) Yes Νo Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2013

REALOPTIONS PREGNANCY MEDICAL CLINICS

Schedule A (Form 990 or 990-EZ) 2013 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.)

Se	ction A. Public Support		·	* ****	· · · · · · · · · · · · · · · · · · ·	·	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				, <u>, , , , , , , , , , , , , , , , , , </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1) + 5125
	membership fees received. (Do not	1					
	include any "unusual grants.")	600,143.	693,320.	1867771.	1222253.	1055550.	5439037.
2	Tax revenues levied for the organ-		i				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			ļ			
	the organization without charge						
4	Total. Add lines 1 through 3	600,143.	693,320.	1867771.	1222253.	1055550.	5439037.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included.						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						5439037.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	600,143.	693,320.	1867771.	1222253.	1055550.	5439037.
8	Gross income from interest,	}					
	dividends, payments received on	!					
	securities loans, rents, royalties]		i]	
	and income from similar sources	958.	153.	16.	2,623.	6,071.	9,821.
9	Net income from unrelated business						· · · · · · · · · · · · · · · · · · ·
	activities, whether or not the			f			
	business is regularly carried on						
10	Other income. Do not include gain	,					
	or loss from the sale of capital						
	assets (Explain in Part IV.)					460,073.	
	Total support. Add lines 7 through 10						5908931.
	Gross receipts from related activities,			•••••		12	
13	First five years. If the Form 990 is for						
800	organization, check this box and stop ction C. Computation of Publi	here Day				·	<u></u>
							
14	Public support percentage for 2013 (iii	ne 6, column (1) all	/idea by line 11, co	oluma (f))		14	92.05 %
16:	Public support percentage from 2012	Schedule A, Par I	t, iine 14	E	L	15	99.85 <u>%</u>
190	33 1/3% support test - 2013. If the o	rganization did not	cneck the box on	iine 13, and line 14	4 is 33 1/3% or ma	ore, check this box	and
h	stop here. The organization qualifies a 33 1/3% support test - 2012. If the o	as a publicly suppo respiration did not	orted organization	- 40 40 E	45 !- 00 4 10 %		<u> </u>
_	and stop here. The organization qualit	iganization dio not fiae ae a publishy si	theck a box on lin	ie is or iba, and ii	ne 15 is 33 1/3%	or more, check this	s box
17a	10% -facts-and-circumstances test	- 2013 If the oros	upporteu organizat Initation did not ob	ook a bev en liee :	10 10105		- L
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t	est. The organizati	on muslifice se a n	s box and stop ne:	re. Explain in Part	IV now the organiz	zation
b	10% -facts-and-circumstances test	- 2012. If the orga	nization did not ab	eck a boy on line 1	organization IS 16a 16b ar 17	o and line 45 is a	
	more, and if the organization meets the	e "facts-and-circur	stances" test che	eck this have and et	o, roa, rob, of the	a, and mie 10 jS](a Dart IV haw the	J70 Of
	organization meets the "facts-and-circ	umstances" test. T	he organization on	alifies as a publich	vere. Explain i	ization	▶□
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a	16b, 17a, or 17h	r supported organ check this hav an	d see instructions	[-
				,		ule A (Form 990 o	
						(C	

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Schedule A (Form 990 or 990-EZ) 2013

Support Schedule for Organizations		

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

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qualify under the tests listed below, please complete Part II.) Section A. Public Support (a) 2009 Calendar year (or fiscal year beginning in) **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (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 acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business. activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part (V.) 13 Total support. (Add lines 9, 10c, 11, and 12.). 14 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 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2012 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2012 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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REALOPTIONS PREGNANCY MEDICAL CLINICS

	Also complete this part for any additional information. (Se	ons required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 e instructions).
		· · · · · · · · · · · · · · · · · · ·
-		
 -		

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

REALOPTIONS PREGNANCY MEDICAL CLINICS

OMB No. 1545-B047

Employer identification number

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 J 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Page 2

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

Employer identification number 94-2820673

Part I	Contributors (see instru	tions). Use duplicate copies of Part I if additional space is needed.
--------	--------------------------	---

ranı	Contributors (see instructions), ose duplicate copies of Part III additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JASON COLYAR	_	Person X Payroli
	3485 VICTOR ST.	\$ 40,000.	Noncash
	SANTA CLARA, CA 95054	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DORCAS & PROMOD HAQUE	_	Person X
	13780 SARATOGA AVE.	\$ 100,000.	Payroll Noncash
	SARATOGA, CA 95070	_	(Complete Part if for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WILLY & JEN PAN	_	Person X
	22459 STARLING DR.	\$	Payroll Noncash
	LOS ALTOS, CA 94024	•	(Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN & LISA REED		Person X
	735 CASA BONITA CT.	\$23,788.	Payroll Noncash
	LOS ALTOS, CA 94024		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22452 10 24	12	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization

REALOPTIONS PREGNANCY MEDICAL CLINICS CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

Employer identification number

94-2820673

Part II	Noncash Property (see instructions). Use duplicate copies of F	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
450 40 04 44			

	(Form 990, 990-EZ, or 990-PF) (2013)		Page					
Name of org			Employer identification number					
	TIONS PREGNANCY MEDICA							
	PREGNANCY CTRS OF SAN	TA CLARA CNT	94-2820673					
Part III	year. Complete columns (a) through (a) and the	vidua: contributions to section 50% he following line entry. For organizat	(c)(7), (8), or (10) organizations that total more than \$1,000 for the					
	the total of exclusively religious, charitable, et	c., contributions of \$1,000 ar less to	of the year. (Enter this information once.)					
7-1 N	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	(a) to posse of grit	(c) Ose of gift	(d) Description of now gift is field					
-								
		(e) Transfer of gi	ift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
		····						
(a) No.			· · · · · · · · · · · · · · · · · · ·					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I		· · · · · · · · · · · · · · · · · · ·						
								
								
		· · · · · · · · · · · · · · · · · · ·						
 -		5-3 T						
	(e) Transfer of gift							
	Transferee's name, address, an	Deletionation of the section as a						
-	rransieree's name, address, an	G ZIP + 4	Relationship of transferor to transferee					
		····						
1								
(a) No.			1					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ŀ		(e) Transfer of gif	t					
1								
L	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
,								
		<u> </u>						
-	·							
(a) No.								
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I			(4,					
-								
 -								
-								
<u> </u>		7.3 -						
		(e) Transfer of gift	i					
	7 () 170 () 1							
\vdash	Transferee's name, address, and	1 4 1 7 1 4	Relationship of transferor to transferee					
-		 						
-								
-								
22464 10 24 1	, ,		Cohodula P / Farry 000 000 E7 000 0E) (0040)					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

REALOPTIONS PREGNANCY MEDICAL CLINICS

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

Employer identification number 94-2820673

Pa	art I Organizations Maintaining Donor Advised Funds or Other Sim	ilar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised fur	nds	(b) Funds and other accounts
1	Total number at end of year		·-··
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fe		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any otl		
	impermissible private benefit?		
Pa	irt II Conservation Easements. Complete if the organization answered 'Yes' to	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
		ion of an historical	ly important land area
•		ion of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a co	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
ь	the contract of the contract o		2b
c			2c
ď			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination	ated by the organ	ization during the tax
	year ▶	,	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, it	nandling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	ents during the ye	ar ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	*****, '*	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue a		
	include, if applicable, the text of the footnote to the organization's financial statements that	describes the org	anization's accounting for
<u> </u>	conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical Treasu	res, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue.		
	historical treasures, or other similar assets held for public exhibition, education, or research	in furtherance of	oublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue		
	treasures, or other similar assets held for public exhibition, education, or research in further	ance of public sen	vice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		▶ \$
	If the organization received or held works of art, historical treasures, or other similar assets		provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these		
a	Revenues included in Form 990, Part VIII, line 1	•••••	\$
D	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2013

REALOPTIONS PREGNANCY MEDICAL CLINICS

	nedule D (Form 990) 2013 CRISIS	PREGNANCY	CTRS (OF SE	NTA C	LARA	CNT				
P	art III Organizations Maintaining (
3	3	ion, and other recor	ds, check a	ny of the	following t	hat are a	significar	it use of its	collecti	on ite	ms
	(check all that apply):										
i	Public exhibition	(hange prog	-					
- 1	Scholarly research	(e Li Oti	ner							
	Preservation for future generations										
4	Provide a description of the organization's of	ollections and expla	in how they	further t	he organiza	ation's ex	empt pur	pose in Pa	rt XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m								Yes		∏ No
P	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the or	ganizatio	n answered	d "Yes" to	o Form 99	0, Part IV,	line 9, o	r	
16	ls the organization an agent, trustee, custod	ian or other interme	diary for co	ntribution	as or other a	assets no	t include				
	on Form 990, Part X?								Yes	Г	□No
ŀ	If "Yes," explain the arrangement in Part XIII										
	, ,								Amour	nt .	
	Beginning balance						1c		7411041		
								 			
È	ment a fer all and a second and							 	• • • • • • • • • • • • • • • • • • • •		
f								ļ · · · · · · · · · · · · · · · · · · ·		· · · · <u> </u>	
2a		orm 000 Bort Y line	. 010					J	7.2		¬
									_ Yes	H	⊣ No
D.	of f"Yes," explain the arrangement in Part XIII. In V Endowment Funds. Complete in	the examination of	xpianation r	ias deen	provided in	Part XIII	**********				
	Lindowinerit Funds. Complete i								, · · · · · · - ·		
		(a) Current year	(b) Prior	year	(c) Two ye	ars back	(d) Three	years back	(e) Fou	r year:	s back
1a											
Ł											
0	, g, g								<u>-</u>		
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs			i							
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curr		e (line ta. c	olumo (a)) held as:						
a			%		,, noic co.						
b		%									
_	Temporarily restricted endowment	—_~~ %									
Ĭ	The percentages in lines 2a, 2b, and 2c shou										
2~											
90	Are there endowment funds not in the posses	ssion of the organiza	mon that ar	e neto ar	na aominist	erea for t	ne organi	zation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations	•					·····		3a(ii)		
b	if "Yes" to 3a(ii), are the related organizations								3b	:	
4	Describe in Part XIII the intended uses of the		wment fund	s							
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line	11a. Se	e Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm		b) Cost (basis (d		1	ccumulate preciation		(d) Bool	k valu	е
1a	Land	.,									
	Buildings			31	1,889.				31	1,8	89 -
	Leasehold improvements				-,					-, 0	<u> </u>
	Equipment							- 			
	Other			21/	,528.	· :	26,2	<u> </u>	716) n	<u> </u>
	L Add lines 1a through 1e. (Column (d) must eq								7 7 7 7 T 7	3,20 3,1	40
ora	i, muu mies Ta mitoudri Te. (C <i>olumn tal must ea</i>	uai Form 990. Part X	s, coiuma (E	u. IIne 10	uc) i			▶	4.51	5 - 1 4	4 4 .

CDICIC DEFCHANCY CODE OF

	NANCY CTRS OF	<u>F SANTA CL</u>	ARA CNT	94-2820673 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost	or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests		<u> </u>		
(3) Other				
(A)				<u> </u>
(B)				
(C)				
(D)				
(E)	- · · · · · · · · · · · · · · · · · · ·			
(F)				
(G)				
(H)	<u> </u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)		. <u> </u>		
(5)				
(6)	<u> </u>			
(7)				
(8)				
(9)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	
	Description		· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)	<u> </u>			
(2)	·			
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)		···· · · · · · · · · · · · · · · · · ·		
(5)				
(6)				
(7)	. <u>.</u>			
(8)				
(9)	····			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			. •
Part X Other Liabilities.				
Complete if the organization answered "Yes" t			n 990, Part X, lin	e 25.
, (a) Description of liability		b) Book value		
(1) Federal income taxes			1	
(2) ACCRUED COMPENSATION		31,372.]	
(3)	· · · · · · · · · · · · · · · · · · ·]	
_ (4)			1	
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

31,372.

REALOPTIONS PREGNANCY MEDICAL CLINICS CRISIS PREGNANCY CTRS OF SANTA CLARA CNT Schedule D (Form 990) 2013 94-2820673 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 1,525,304. Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 20 d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 1,525,304. 3 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 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1,389,467.Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 1,389,46 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	lnformation a	Attach to Form 9	90 or Fo 2) and it	orm 9	90-EZ.	acultorm 000	Open To Public Inspection
Name of the organization	REALOPT	IONS PREGNANCY ME	DIC	L (CLINICS		identification number
		PREGNANCY CTRS OF					20673
Part I Fundrais required to	ing Activities complete this par	. Complete if the organization ansot.	wered "	res" t	o Form 990, Part IV,	line 17. Form 990	DEZ filers are not
1 Indicate whether the	e organization rais	sed funds through any of the follow	vina act	ivities	. Check all that apply	··· <u></u>	
a Mail solicitati					government grants		
b internet and	email solicitations			_	rnment grants		
c Phone solicit	ations	g 🔙 Speci	al fundr	aising	events		
d In-person sol	icitations						
2 a Did the organization	n have a written o	or oral agreement with any individu	al (inclu	ding c	officers, directors, tru	stees or	
		art VII) or entity in connection with					Yes 🔲 No
		ividuals or entities (fundraisers) pu	rsuant t	o agre	ements under which	the fundraiser is	to be
compensated at lea	ast \$5,000 by the	organization.					
(i) Name and address or entity (fund		(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained t fundraiser listed in col. (i	to (or retained by)
			Yes	No			
		· · · · · · · · · · · · · · · · · · ·					
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	<u>.</u>		4				
					1		
	<u></u>		11			······································	
Total							
	the organization	is registered or licensed to solicit	aantribi	ıtiono.	or has beentifical	it is some and for	
or licensing.	i tile organization	i is registered or licensed to solicit	COHUNO	HIOUS	or has been notined	it is exempt from	i registration
				·· · · · ·	-		· · · · · · · · · · · · · · · · · · ·
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			<u></u>				
	-	· · · · · · · · · · · · · · · · · · ·					
"HA For Paperwork Red	uction Act Notic	e, see the instructions for Form	990 or 9	90-E	Z. So	hedule G (Form	990 or 990-EZ) 2013

REALOPTIONS PREGNANCY MEDICAL CLINICS

Sct	<u>iedu</u>	ile G (Form 990 or 990-EZ) 2013 CRISIS	PREGNANCY C	TRS OF SANTA	CLARA CNT94	-2820673 Page 2
P	art		ne organization answere	ed "Yes" to Form 990, Pa	art IV, line 18, or reported	d more than \$15,000
	_	of fundraising event contributions and gi	ross income on Form 99 (a) Event #1 DINNERS OF	00-EZ, lines 1 and 6b. Lis (b) Event #2 WALK FOR	t events with gross rece (c) Other events	ipts greater than \$5,000. (d) Total events
			VISION	LIFE		(add col. (a) through col. (c))
Ue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
4.		Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
spense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	1,			
Pa	11 Int l		ne 3, column (d)	1000 Part IV line 10 or	recepted mare then	
	<u> </u>	\$15,000 on Form 990-EZ, line 6a.	andwered tes to form	1 330, 1 at 14, mie 19, 01	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ	1	Gross revenue				į.
ses	2	Cash prizes				
Expenses	3	Noncash prizes	., , , , , , , , , , , , , , , , , , ,			
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes %	Yes%	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary, Subtract line 7	from line 1, column (d)		. <u></u>	
9	Ente	er the state(s) in which the organization operat				
		ne organization licensed to operate gaming act		tates?		Yes No
		lo," explain:				
		e any of the organization's gaming licenses rev es," explain:		rminated during the tax y	rear?	Yes No

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

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REALOPTIONS PREGNANCY MEDICAL CLINICS

Sch	edule G (Form 990 or 990-EZ) 2013 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 3
11	Does the organization operate gaming activities with nonmembers?
	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?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility 13a %
b	An outside facility
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 garning revenue? Yes No
þ	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount
	of gaming revenue retained by the third party > \$
C	If "Yes," enter name and address of the third party:
	Name
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation 🕨 \$
	Description of services provided 🕨
	Director/officer Employee Independent contractor
	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
	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 ▶ \$
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
20000	7.00.49.49
J400	3 09-12-13 Schedule G (Form 990 or 990-EZ) 2013

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 Open to Public

Internal Revenue Service

Department of the Treasury

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

REALOPTIONS PREGNANCY MEDICAL CLINICS France.

Inspection

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT	Employer identification number 94-2820673
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: BOARD PERFORMS DETAILED REVIEW WITH THE DIRE	CTOR.
	-
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES M	
COMPLY IN ANY TRANSACTION THAT INVOLVES A CONFLICT OF INT	EREST.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: UPON REQUEST	
 	

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2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

066

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Asset No.	Description	Date Acquired	Method	Life	Ling No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2{	(D) ARCH/FRAMING/BLD 50-MT V	D 31504SL		10.00	017	18,750.			18,750.	16,406.		O
က်		13908050		7.00	17	650.			C L L			
ເກິ	FIVE YEAR PERS 52PROP-2006	123106SL		0 1	17	11,064.			11,064.	11.064		
'n	53 <mark>AWNING-MI. VIEW</mark>	101206SL		2.00	7.	669.			<u>ئ</u> ئ	• 150		
54	(D)MT. 54VIEW-BUILDING	123106SL		50	17	112.200.			112 200	- CCY CC		
Ę,	55(D)MT. VIEW-LAND		**************************************			• (A) (A)			117,700. East 0008	` `		• • • • • • • • • • • • • • • • • • •
L	PREVIOUSLY DEPR	0				• 7						.0
<u>ر</u>	SOASSETS OFFICE FURNITURE -	123105SL	1/2	5.00	17	35,663.			35,663.	35,763.		0
1 0	2007	123007SI		0 0 1	<u>-</u>	3,500.			3,500.	2,500.		500.
58	58(D)IMP-MT VIEW	010108SL		00.	1.7	47,866.			47,866.	34.190.		
en en	59SERVER	01150981		5.00 00	ħ	1,734,						347
09	60LAP TOP	110309SL		5.00	17	502.			502.	.		100
6	61 TELEPHONE SYSTEM	18008T60			17	3,433.			3,433,	1,593.		490
62	62COMPUTER EQUIPMENT	082409SL	- 2	00.	17	- 886	**************************************		988*	660.		198.
တ်	63PROP	091409SI		က် ဝ	17	17,990.			17,990.	11,584.		3,578.
64	64 (D) HVAC SYSTEM FAUCETS/CABINETS-RE 65 PLACEMENTS	041510SL 051710SL		00.	17	8,680.			8,680.	4,485.		0
99	66(D)WINDOWS	071310SL			17	2,085.			2.085	2 C		* c
67	67 ULTRA SOUND	020111200DBS.00	000BS		1.7	5,197.				າ / " ເ		• 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
328102	!				1		**************************************			N		1,039.

05-01-13

(D) - Asset disposed

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

3000,003

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2013 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

066

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Communication Communicatio						ŀ				:			
6 BULTRA SOUND O42 BILZOODES - 00 17 27,296 . 105,573 . 12,317 21,111 21,111 21,111 21,111 21,111 21,111 21,111 22,00 17 1,128 . 1,128 . 1,128 . 1,128 . 22 22 22 23 23 23 23	Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
SQUITTER SOUND GGO112200005.00 17 1/128 105,573 12,317 21,111	9	BULTRA SOUND	042811	200DB	5.00	17	_ 1				1 43		
1,128	•	OULTRA SOUND		200DB	2.00		105,573.			105,573.	12,317.		21,115.
12 12 13 14 15 15 15 15 15 15 15	7	02-ACER COMPUTERS	101112	200DB	5.00	17	1,128.			1,128.	38.	:	226.
12 12 13 13 13 14 13 14 14 15 15 15 15 15 15		EXAM ROOM UPGRADE	052912	200DB	7,00	73	3,077.			3,077.	256.		440.
AMERITERS AMERITERS	7.	RESJ SIGN	080912	200DB	7.00	17	No.	2		, 35	160.		160.
4FURNITURE 1201132000B7.00 19C 8.575. 4,288. 4,287. 5 55TKEA FURNITURE 1101132000B57.00 19C 2,910. 1,455. 1,455. 395. 395. 395. 395. 7 395. 395. 395. 395. 395. 5 395. 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	F	AF J.FC B & Z BPRINDERS AMERIPRISE	020	200BB	00.6	86 <u>1</u>	8,717.		4,359.	4,358.			1,453.
SAMSUNG TV	7,		120113	200DB	7.00	19C	► (2)		4,288.	~			0
7MT VIEW LH LWP. 120113200DB5.00 19B 790. 395. 395. 7 120113200DB5.00 19B 790. 3514.889. 314.889. 314.889. 514.		45540	11011	200DB		<u>0</u>	2,910.		1,4555	1,455.			80
** TOTAL 990 PAGE 10 DEPR	7	SAMSUNG TV	120113	200DB	2.00	19B	790.	- 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	395.	395.			0
DEPR 1253798. 10,497. 1243301. 170,463. 0. 35,	*	MT VIEW LH IMP. * TOTAL 990 PAGE 10	120113		00.68	<u>₽</u>	311,889.			311,889.			
		DEPR					253798		,497	243301	•	•	35,562.
			3003										

328702 05-01-13

(D) · Asset disposed

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

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

990

OMB No. 1545-0172

20	JŢ	3
Attach	ment	

Department of the Treasury Internal Revenue Service (99)

Sequence No 179

vame(s) snown on return			Business or activity to	which this form rel	ates	Identifying number
REALOPTIONS PREGNANC						
CRISIS PREGNANCY CT	RS OF SANTA	CLARA CNTF	ORM 990	PAGE 10	····	94-2820673
Part I Election To Expense Certain Pr		179 Note: If you have an	y listed property	, complete Pa	rt V before	
Maximum amount (see instructions					1	500,000
2 Total cost of section 179 property	placed in service (see	e instructions)			. 2	
3 Threshold cost of section 179 prop	erty before reduction	t in limitation			3	2,000,000
4 Reduction in limitation. Subtract lin						
5 Dollar fimitation for tax year. Subtract line 4 from 6 (a) Description		1 .				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
6 (a) Description	of property	(b) Cost (t	ousiness use only)	(c) Elec	ted cost	
		<u></u>				4
		 -				-
			····			-
7 Listed property. Enter the amount for	rom line 20		7		· · · · · · · · · · · · · · · · · · ·	-
8 Total elected cost of section 179 pr					l a	
9 Tentative deduction. Enter the sma	Her of line 5 or line 8	on coldini (c), injes o a	and 7		9	
10 Carryover of disallowed deduction f	rom line 13 of your 2	012 Form 4562	• • • • • • • • • • • • • • • • • • • •		10	
11 Business income limitation. Enter th	e smaller of business	s income (not less than	zero) or line 5		11	
12 Section 179 expense deduction. Ac	ld lines 9 and 10, but	do not enter more that	n line 11	•••••••••	12	· · · · · · · · · · · · · · · · · · ·
13 Carryover of disallowed deduction t	o 2014. Add lines 9 s	and 10, less line 12	▶ 13	•••••		
Note: Do not use Part II or Part III below	for listed property. I	nstead, use Part V.	1 10			150000000000000000000000000000000000000
Part II Special Depreciation Allo			clude listed pro	perty.)	***	· · · · · · · · · · · · · · · · · · ·
14 Special depreciation allowance for o					··· ···-	
					14	
15 Property subject to section 168(f)(1)	election				15	-
16 Other depreciation (including ACRS	}				16	· · · · · · · · · · · · · · · · · · ·
Part III MACRS Depreciation (Do	not include listed pr	operty.) (See instructio	ns.)	*******************************		!
		Section A	-			
17 MACRS deductions for assets place	ed in service in tax ye	ars beginning before 2	013		17	34,074.
18 If you are electing to group any assets placed in	service during the tax year i	nto one or more general asset	accounts, check here	▶ [
Section B - Asse		e During 2013 Tax Yea	ar Using the Ge	neral Depreci	ation Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		4,358			200DB	1,453.
c 7-year property		1,455	7 YRS.	MQ	200DB	
d 10-year property		<u> </u>				
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property		····	27.5 yrs.	MM	S/L	
- Trooled Mary Small property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
	/	<u></u>		MM	S/L	
	Placed in Service I	During 2013 Tax Year	Using the Alter	native Deprec	iation Sys	tem
20a Class life					S/L	
b 12-year			12 yrs.		S/L	· · · · · · · · · · · · · · · · · · ·
c 40-year	, /	,,, <u>,</u>	40 yrs.	MM	S/L	
Part IV Summary (See instructions.					<u> </u>	· · · · · · · · · · · · · · · · · · ·
Listed property. Enter amount from li					21	· · · · · · · · · · · · · · · · · · ·
22 Total. Add amounts from line 12, line						n=
Enter here and on the appropriate line			rations - <u>see inst</u>	r	22	35,562.
Por assets shown above and placed portion of the basis attributable to se						
16251 2-19-13 LHA For Paperwork Reduction			23			
S-12-12 min to the two treatments		eparate instructions.				Form 4562 (2013)

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

	REALOPTIONS	PREGNANCY	MEDICAL	CLINI
Form 4560 (0010)	CRISIS DRECK	DOWN VOKAL	OF CANDIA	ነ ምርክር

Form 4562 (2013)	CRISIS	PREGNANCY	CTRS	OF	SANTA	CLARA	CNT	94-2820673	Page 2
Dort V Listed F	Property (Include automob	ilae cartain othar w	hiolon cort	cin o					1.090.0

certain other vehicles, certain computers, and property used for entertainment, recreation, or

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (e) (a) (d) (f) (h) Date Business/ Type of property Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment (list vehicles first) section 179 other basis period Convention deduction use percentage service use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ... 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: S/L· % S/L · % S/L · 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

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.

31	Total business/investment miles driven during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles	Veh	a) iícl o	(I Ver	aicle		c) nicle	1	d) nicle	1 .	e) nicle	1 '	f) nicle
22	driven	ļ		<u> </u>								<u> </u>	
	Total miles driven during the year. Add lines 30 through 32									Ì			
	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						· · · · · · ·		- "	<u> </u>			
	than 5% owner or related person?												
	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 8 for vehicles used by employees who are not 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?		
40	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?	1	
41	Do you meet the requirements concerning qualified automobile demonstration use?		····
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
-	900700 F 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
Amortization of costs that begins during	ng your 2013 tax year:				- · · · · · · · · · · · · · · · · · · ·
Amortization of costs that began before	re your 2013 tax year			43	
Total. Add amounts in column (f). See	the instructions for who	ro to ropert		44	

316252 12-19-13

29

Form 886	68 (Rev. 1-2014)					Page 2
 If you. 	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check thi	s box		▶ [X]
	ily complete Part II if you have already been granted an				n 8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part li				ial (no	copies needed	D
<u></u>				···	ing number, see i	· ·
Type or	Name of exempt organization or other filer, see instru	etions.			er identification nu	
print	REALOPTIONS PREGNANCY MEDIC		INICS	2111,010,		The (Livy of
File by the	CRISIS PREGNANCY CTRS OF SA				94-28206	673
due date for				Socials	ecurity number (S	
filing your return. See	1671 THE ALAMEDA, NO. 101				cooling named (c	314)
instructions.	City, town or post office, state, and ZIP code. For a f	oreign add	tress, see instructions			
	SAN JOSE, CA 95126	-				
Enter the	Return code for the return that this application is for (file	e a senara	te application for each return)			0 1
	The special state of the speci	o a dopare	to application to each return)			0 1
Applicati	on	Return	Application			Return
is For		Code	is For			Code
	or Form 990-EZ	01				Code
Form 990	-BL	02	Form 1041-A	7 -9" 12 3 2 3 5 11	<u>r i alva de area i Danasa e establicada</u>	08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	• • • • • • • • • • • • • • • • • • • •	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	·T (trust other than above)	06	Form 8870			12
	not complete Part II if you were not already granted	·		iously fil	ed Form 8868	12
•	MEGAN SANCHEZ			easiy iii		
• The bo	oks are in the care of > 3315 ALMADEN EX	KPRESS	SWAY #25 - SAN JOSI	E. CA	95118	
	one No. ➤ 408-229-9836		Fax No. ▶	.,		 -
,	rganization does not have an office or place of business	in the Un				. 🗀
• If this is	s for a Group Return, enter the organization's four digit (Group Exe	motion Number (GEN)	this is fo	ir the whole group	ob apic this
box 🕨 🗓	. If it is for part of the group, check this box	and atte	ch a list with the names and FINs of	ali memb	nere the extension	io for
	uest an additional 3-month extension of time until	OVEME	BER 15, 2014	en mente	reis trie exterision	IS IOI.
	calendar year 2013, or other tax year beginning		, and ending	,		
	e tax year entered in line 5 is for less than 12 months, ci	neck reaso		Final r	return	'
	Change in accounting period	,			014)	
7 Stat	e in detail why you need the extension					
	E ORGANIZATION HAS BEEN UNAF	LE TO	ACCUMULATE THE NE	CESS	ARY DATA	IN
	DER TO PREPARE THE RETURN.					
						
8a if thi	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any			
	efundable credits. See instructions.		•	8a	s	0.
b If thi	s application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
	payments made. Include any prior year overpayment allo					
_pre\	vicusly with Form 8868.	_		8ь	\$	0.
c Bala	nce due. Subtract line 8b from line 8a. Include your pay	ment with	this form, if required, by using			
	S (Electronic Federal Tax Payment System). See instru		, , ,	8c	. . .	0.
	Signature and Verificati	on mus	t be completed for Part II or			
Under penat t is true, coi	ties of perjury, I declare that I have examined this form, including trect, and complete, and that I am authorized to prepare this for	o accomoa			f my knowledge and l	belief,
Signature 🕨	Title ▶ E	A		Date	•	
	THIS P			Nate	<u>-</u>	

Form 8868 (Rev. 1-2014)

12-31-13



Department of the Treasury Internal Revenue Service Ogden UT 84201

031334.220304.0110.002 1 SP 0.480 373

For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: September 9, 2013

Taxpayer Identification Number:

94-2820673 Tax Form: 990

Tax Period: December 31, 2012



031334

CRISIS PREGNANCY CENTERS OF SANTA CLARA COUNTY 3315 ALMADEN EXPYWY STE 25 SAN JOSE CA

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is November 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically.
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.