# EXTENDED TO NOVEMBER 15, 2018

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

Α	For the	2017 calendar year, or tax year beginning	and	ending			
В	Check if applicable	C Name of organization REAL OPTIONS PREGNANCY M	EDICAL CLINIC	s	D Employer	identifica	tion number
	Addres	CRISIS PREGNANCY CTRS OF	SANTA CLARA	CNT	1		
F	Name change	Pi-2 1				94-282	20673
┌	Initial	Number and street (or P.O. box if mail is not deliver	ed to street address)	Room/suite	E Telephone	number	
F	Final return/			101		(408)	229-9836
_	termin ated				G Gross receipt	<del></del>	2,299,608.
	Ameno		s, tataigh poetai occo		H(a) Is this a		
	iretum Applica tion		IE HILL	· · · · · · · · · · · · · · · · · · ·	forsubo	rdinates?	Yes X No
	pendin	9 1237 WOODED HILLS DR, SAN		120	H(b) Ari all suits	ordinates Inclu	ded? Yes No
_	Taviova		(insert no.) 4947(a)(1)	<u></u>			t. (see instructions)
		e: NWW.REALOPTIONS.NET	(magnitud.) — 1941 (a), (7	01 027	H(c) Group e		• • • • • • • • • • • • • • • • • • • •
		organization: X Corporation Trust Associ	ation Other >	1: Vear			tate of legal domicile: CA
	art I	Summary	acion oncre	L TEAL	or termanon. ±	202(11)	tate of legal dofficies.
\$3.256	Cercara -	Briefly describe the organization's mission or most sig	rifferent activities, PROV	TOE FR	EE PREG	NANCY	TESTS &
Activities & Governance	1 1	COUNSELING	TRICAIT ACTIVITIES. TICOV	<u> </u>			10010
Ē	2	Check this box 🕨 🔲 if the organization discontin	ued its operations or dispo	sed of more	than 25% of i	ts net asse	ts.
Š	3 1	Number of voting members of the governing body (Pa	rt VI, line 1a)			3	7
Ğ		Number of independent voting members of the govern					7
Š.		Total number of individuals employed in calendar year	· · · · · · · · · · · · · · · · · · ·			J—— :	45
¥		Total number of volunteers (estimate if necessary)					100
냚		Total unrelated business revenue from Part VIII, colum					0.
⋖		Net unrelated business taxable income from Form 990					0.
	<u> </u>				Prior Year		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			1,988,		2,274,497.
	9	Program service revenue (Part VIII, line 2g)	· · ·			0.	18,070.
ě	1,0	Investment income (Part VIII, column (A), lines 3, 4, and			3.	696.	21.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c			·····	435.	7,020.
		Total revenue - add lines 8 through 11 (must equal Pai			1,998,		2,299,608.
		Grants and similar amounts paid (Part IX, column (A), I	•		_,_,_,	0.	0.
		Benefits paid to or for members (Part IX, column (A), li				0.	0
	l	Salaries, other compensation, employee benefits (Part			1,332,		1,455,761.
Expenses	16.	Professional fundraising fees (Part IX, column (A), line			-100-1	0.	0.
E E	loa	Total fundraising expenses (Part IX, column (V), line 25	415.9	33.			
X	47	Other expenses (Part IX, column (A), lines 11a-11d, 11			1,255,	210 -	1,008,356.
	1				2,587,		2,464,117.
	!	Total expenses. Add lines 13-17 (must equal Part IX, c Revenue less expenses. Subtract line 18 from line 12			-588,		-164,509.
<u>_~</u>	119	nevertue tess expenses, cobulact line to itom line 12	P/-P:4444-PRE4		glaning of Carre		End of Year
Net Assets or Find Balances	20	Tetal manta (Bort V. Boo 36)			1,504,		1,281,731.
SSE	20			ł.		107.	87,973.
草	21	Net assets or fund balances. Subtract line 21 from line			1,428,		1,193,758.
Б	22 art (1	Signature Block	1/20		2/120/	, 00 •1	1713377300
		Ities of perjury, I declare that I have examined this return, incl	udina accompaniilaa echadula	e and etatame	ante and to tho	host of my ki	nnuledne and belief it is
		t, and complete. Declare that I have examined this letath, high t, and complete. Declaration of preparer (other than officer) is					towiedge and belief it is
Hue	1, 00,160	L and complete, bectaration of preparer (other than othicar) is	Dased Off all littleffidition of Mi	iicii biebaiei	1,03 bily kilowiet	nãe.	
e:i		Signature of officer			Date		
Sig		VALERIE HILL, EXEC DIREC	πο <del>ρ</del>				
He	re.	Type or print name and title	TOW				
_		<u> </u>		10	ate	Check X	PTIN
Da:	,	Print/Type preparer's name HENRY BURNETT	parer's signature	ا		[ L	P01267433
Pai Oro			אום שאי כבים או	TCE		self-employed	p. 0.44.01 ± 0.0
	parer		AND TAX SERV	31 C 321	i Firm's	EIN 🛌	
USB	Only		7		Bear	/ / 0.0	3)737-9318
		SUNNYVALE, CA 9408			Pnone	:110, ( ± 0 C	
Ma	y the IF	IS discuss this return with the preparer shown above?	(see instructions)				X Yes No

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REAL OPTIONS PREGNANCY MEDICAL CLINICS
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	990 (2017) CRIBIS FREGNANCI CIRB OF SANIA CHARA CNI 34-2020073 Fage 2
Pa	till Statement of Program Service Accomplishments
 1	Check if Schedule O contains a response or note to any line in this Part III
	WE COMMIT TO EMPOWERING AND EQUIPPING WOMEN AND MEN TO CHOOSE LIFE FOR
	THEIR UNBORN CHILDREN THROUGH THE LOVE OF JESUS CHRIST IN ACCORDANCE
	WITH HIS WORD REGARDING THE SANCTITY OF HUMAN LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,621,827. including grants of \$) (Revenue \$ 25,111.)
	STAFF OVERSEES A NETWORK OF VOLUNTEERS AT THREE PREGNANCY CARE CENTERS THAT PROVIDE FREE SERVICES TO WOMEN & MEN WHO ARE FACING PREGNANCY
	DECISIONS. SERVICES INCLUDE FREE PREGNANCY TESTS & ULTRASOUNDS,
	PRENATAL CARE, & LAY COUNSELING ON PREGNANCY OPTIONS.
4b	(Code:) (Expenses \$) (Revonue \$) (Revonue \$) POST-ABORTION COUNSEL & CARRY-TO-TERM SUPPORT, SUCH AS FREE FIRST &)
	SECOND TRIMESTER PRE-NATAL CARE, MATERNITY AND BABY CLOTHING &
	EQUIPMENT, CHILDBIRTH CLASSES, REFERRALS FOR SERVICES SUCH AS MEDICAL
	CARE, LEGAL ASSISTANCE & SOCIAL SERVICE (MEDI-CAL)
4c	(Code:) (Expenses \$
	YOUTH EDUCATION SERVICES PROVIDES MANDATED HIV/AIDS EDUCATION TO
	PRIVATE AND PUBLIC SCHOOLS, AND TRAINS TEAMS OF ADULT AND PEER ADVISORS
	TO SPEAK IN SCHOOLS THROUGHOUT THE VALLEY ON THE TOPIC OF SEXUAL
	DECISION-MAKING, SPEAKING TO TENS OF THOUSANDS OF STUDENTS IN THE LAST 7 YEARS.
	T. I.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,621,827.
	( 10 m 20 l 20 m 20 m 20 m 20 m 20 m 20 m 2

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Part IV Checklist of Required Schedules

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Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X. 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 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 5 X. similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total Х 116 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11¢ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Х. 114 Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)7 if "Yes," complete Schedule D, Part X ........... 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х 146 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F; Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), Ilnes 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III

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Part IV Checklist of Required Schedules (continued)

	Service and the service of the servi	7	Yes	N Y
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		-
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
l	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		i	١.
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		_ 3
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١.
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		2
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		1
la	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		:
		24b		-
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	£40		$\vdash$
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	۱		
	any tax-exempt bonds?	24c		⊢
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┡
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Ľ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		
;	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ĺ
	complete Schedule L, Part II	26		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			Г
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		١.
	of any of these persons? If "Yes," complete Schedule L, Part III	21		933
i	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		_
+	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
•	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
ŀ	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
		31		
	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<u>:</u>		32		
	Schedule N; Part II	32		-
}	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		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, Ilne 1	34		
а	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
þ	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, Ilne 2	35b		L
	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	ľ	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<del>                                     </del>
3	razi ma evesanzazano errorrete astretine e azri i ocivire escilaballons ili Othebule to D.C. Call. VI. RDSA i 19 dRU (3)		x	1

Form 990 (2017)

REAL OPTIONS PREGNANCY MEDICAL CLINICS CRISIS PREGNANCY CTRS OF SANTA CLARA CNT Part V Statements Regarding Other IRS Filings and Tax Compliance

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*********	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6	400000000		
b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ible gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	45			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		·····	За		X.
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	ο΄		3b		L
	At any time during the calendar year, did the organization have an interest in, or a signature or other			ļ		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accon	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction1	<u> </u>	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	·	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e org	anization solicit			ŀ
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1		
	to file Form 8282?			7c		X
đ	if "Yes," indicate the number of Forms 8282 filed during the year	7.d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	xt?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contr	act?		-71		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	79		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	30000156190	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8	0.000000000	9808099999
9	Sponsoring organizations maintaining donor advised funds.					
ä	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	300200000	
10	Section 501(c)(7) organizations. Enter:	١	Í			
	, , , , , , , , , , , , , , , , , , , ,	10a		1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter:	١	I			
	Gross income from members or shareholders	11a		ŀ		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		<b>*****</b>		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? İ	12a		
	" " " " " " " " " " " " " " " " " " "	12b	ļ			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					300 XX
a	is the organization licensed to issue qualified health plans in more than one state?		. dan en	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.					
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	434	I			
		13b 13c				
				14a	20000000	X
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		<u> </u>
ט	in res, has it lied a norm (20 to report these payments (it into, provide an explanation in Schedule	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	000	(2017)

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	7		
	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 C.			
ь	Enter the number of voting members included in line 1a, above, who are independent	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7		
_	officer, director, trustee, or key employee?	2	assignation	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
J	of officers, directors, or trustees, or key employees to a management company or other person?	3	!	X
		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-0		Т
7a				X
	more members of the governing body?	7a <sup>-</sup>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			-3.7
	persons other than the governing body?	7b	***********	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
3		8a	Х	
b		8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			22
	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 Revenue Code.)			
			Yes	Ño
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	00000000000
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14.	Did the organization have a written document retention and destruction policy?	14	Х	2000XXX
15	Did the process for determining compensation of the following persons include a review and approval by independent			***
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
Ъ	Other officers or key employees of the organization	15b	33333333	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	<del>.</del>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b.		
	tion C. Disclosure	····		
17	List the states with which a copy of this Form 990 is required to be filled ►CA.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	ayallab	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O).	1.50		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a Ilnand	olai	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: > VALERIE HILL - 408-229-9836			
	1671 THE ALAMEDA SUITE 101, SAN JOSE, CA 95126			

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

94-2820673

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Form 990 (2017) 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	

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ռու	l compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	lacividual frustee or director	Institutional trustee	Officer	Key employee.	Highest compensated employee	<b>Гонте</b> г	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LARRY BONALDI	1.00								_	
DIRECTOR		X			<u> </u>	ļ		0.	0.	0
(2) VALERIE HILL	40.00									
EXEC DIRECTOR/CEO		Х	L			,		86,463.	0.	0
(3) JOHN REED	2.00									<u>,</u>
VICE CHAIRMAN		Х		X		ļ	_	0.	0	0.
(4) BARRY RODENBERG	1.00	۱								
CHAIRMAN-PRAYER		X.	<u> </u>			_	L	0.	0.	0.
(5) PETER FINTER	2.00							<u>,</u>	^	0.
CHAIRMAN	1 00	Х		Х			<u> </u>	0.	0.	<u>U</u> .
(6) JOHN JACOBSEN	1.00	X						0.	0.	0.
DIRECTOR	1.00	A	<del> </del>	-			-	<b>.</b>		Ų.
(7) TOM PETERSON	1.00	X		х				0.	o .	0
TREASURER	1.00	<u> </u>	-	Α.			⊢			
(8) DEANNA WILLIAMSON SECRETARY	1.00	X		Х				0.	0.	Ó.
								:		·
		1								

REAL OPTIONS PREGNANCY MEDICAL CLINICS

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CMU	44.	787116	-/-	Dagg

								NTA CLARA CN		320673	3 Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week	(do	not o		C) ition more rson	than	one h.an	(D) Reportable compensation from	(E) Reportable compensation from related	n, a	(F) stimated imount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	<b>b</b>	eakoldus	Highest compensated employee	<b>5</b> 5.	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) or	mpensation from the ganization nd related ganizations
	line)	Mod	FISE FISE	Office	Key c	£ 6	Former		•		
		ł									
		_		_							
										_	
***************************************		-									-
					_		_				
1b Sub-total		<u></u>	L			<u>.                                    </u>	<u> </u>	86,463.		0.	0.
c Total from continuation sheets to Part VI	I, Section A					2	>	0.		0.	0.
d Total (add lines 1b and 1c)								86,463.		0.	0.
2 Total number of individuals (including but n compensation from the organization	ot ilmited to th	ose	IISTE	ea er	DOVE	9) WΓ	10 16	eceived more than \$ 100	Pon of tebourable	<del>)</del>	0
								:		1300000	Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se				-					•	3	l x
4 For any individual listed on line 1a, is the su	m of reportab	le co	mp	ensa	ition	anc	oth	ner compensation from	the organization	1000800	
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	•								•	05005088	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-			-		5	X
Section B. Independent Contractors						۷.			*****	45.	<del></del>
Complete this table for your five highest continuous the organization. Report compensation for the compensation.										pensation	trom
(A)	-						T	(B)		()	(C)
Name and business	address	ΝÇ	INC	<u>:</u>			+	Description of s	ervices	Comp	ensation
								· · · · · · · · · · · · · · · · · · ·			
							$\dashv$				
		•									
2 Total number of independent contractors (II	ncluding but n	ot lir	nite	d to	the	se lie	ted	above) who received m	ore than		
\$100,000 of compensation from the organization		- <u>( ) </u>	,,,,,,		(	_		Section into toolited ().	,		

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CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

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Form	990 (			NCY CTRS	OF SANTA	CLARA CNT	94-2820	673 Page 9
Pa	t VII	Statement of Rever	nue					
· marianta		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
E 5		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		575,442.				
<u></u>		Related organizations						
Sign		Government grants (contribut						
in a	f	All other contributions, gifts, grant	! !-	600 AEE				
물형		similar amounts not included above		699,055.				
a g		Noncash contributions included in lines			2,274,497.			
2.0		Total. Add lines 1a-1f		Business Code	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
انه	.9 a	PROFESSIONAL SE	· .	611600	13,336.	13,336.		200000000000000000000000000000000000000
١١٤	2 b	OTHER INCOME		611600	4,734.	4,734.		
Ser	c							
Program Service Revenue	d							
P.E.	e							
4	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<b>)</b>	18,070.			
	3	Investment income (including	dividends, intere	est, and				
ĺ		other similar amounts)			21.	21.		
	4 income from investment of tax-exempt bond proces			roceeds -				
	5	Royalties ,		1				
			(i) Real	(ii) Personal				
		Gross rents	7,020.					
		Less: rental expenses	7,020.	:				
		Rental income or (loss)		<u> </u>	7,020.	7,020.		
		Net rental income or (loss)  Gross amount from sales of	(i) Securities	(ii) Other	7,020.	7,020.		
	1 0	assets other than inventory	() Becames	(ii) Other				
	ь	Less: cost or other basis						
	7	and sales expenses						
	·c	Gain or (loss)						
	þ	Net gain or (loss)	.,,,,					
Other Revenue	8 a	Gross income from fundralsing including \$ 575, 4						
ě		contributions reported on line						
- E		Part IV, line 18						
ਰ		Less: direct expenses		U	0.			
		Net income or (loss) from fund		·····	V •			
İ	9 а	Gross income from gaming ac Part IV, line 19						
ĺ	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	ь	Less: cost of goods sold						
į		Net income or (loss) from sale						
[		Miscellaneous Revenu	e.	Business Code				
	11 a							
	b							
	C	An W			l.			
	d							
1	12	Total. Add lines 11a-11d Total revenue. See instructions.			2,299,608.	25,111.	0.	0.
73200	72 9 11-28		************************	-1	F-1-221000.	, 20,111		Form <b>990</b> (2017)

Form 990 (2017)

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Do not include amounts reported on lines 6b, Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. <u>expenses</u> expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 6,920. 60,523. 86,463. 19,020. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,176,841. 798,682. 208,689. 169,470. Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 59,473 15,745. 12,245. 87,463. Other employee benefits \_\_\_\_\_ 9 14,700. 104,994. 71,395. 18,899. 10 Payroll taxes Fees for services (non-employees): 3,050. 31,431. 34,481 Management Legal 9,903. 2,640 12,543. e Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 630. 22,206 20,801 775 column (A) amount, list line 11g expenses on Sch O.) 157,957.300,799. 142,842. 12 Advertising and promotion 25,000. 603 25,603. 13 Office expenses  $\overline{3,731}$ . 5,026. 18,126. 26,883. Information technology 14 15 Royalties \_\_\_\_\_ 64,986. 50,545. 361,036. 245,505 16 Occupancy 8,513. 8,513 17 Travel ..... 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings ..... 20 Interest ..... 21 Payments to affiliates 11,745. 9,135. 75,593. 54,713. Depreciation, depletion, and amortization ...... 22 2,665. 19,043. 3,427. 12.951 Insurance Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DUES, FEES, OTHER CHARG 43,145. 0 43,145. 0. 19,632. 19,632. 0. 0. SUPPLIES 0. PRACTICAL SUPPORT 19,214. 19,214. 0. 15,752.15,752Ō. 0. VOLUNTEER COSTS 226. 23,913. 23,687. All other expenses 2,464,117. 426,357. 415,933. 1,621,827. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2017)

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

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Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 Cash · non-interest-bearing 574,264. 458,012. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 139,716. 139,716. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ...... 6 7. Notes and loans receivable, net Inventories for sale or use 13,979. 42,356. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,365,431 708,801. 731,542. 656,630. 11 Investments · publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets \_\_\_\_\_ 17,015. 13,394. 15 Other assets. See Part IV, line 11 15 1,281,731. 1,504,893. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 8,012. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue ..... 20 Tax-exempt bond llabilities. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties ...... Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 68,095. 85,260. Schedule D 87,973. 76,107. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 983,758. 1,201,849. Unrestricted net assets 216,937. 200,000. Temporarily restricted net assets 10,000. 10,000. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 1,193,758. 1,428,786. 33 Total net assets or fund balances 1,504,893. 1,281,731. Total liabilities and net assets/fund balances

Form 990 (2017)

Form 990 (2017)\_

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CRISIS PREGNA	NCY CTRS	OF SANTA	CLARA CNT	94-2820673	Page 12

Pa	Reconciliation of Net Assets			-
	Check if Schedule O contains a response or note to any line in this Part XI		i>	X
			2 22 6	0.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,299,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,464,1	
3	Revenue less expenses. Subtract line 2 from line 1	3	-164,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,428,7	86.
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	-70,5	<u> 19.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,193,7	<u>58.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	-+		<u> </u>
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_	
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			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
ь	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 separat			
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,		
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			
	Act and OMB Circular A-1337		3a	_X_
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь	
			Form <b>990</b> (	(2017)

737717

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

REAL OPTIONS PREGNANCY MEDICAL CLINICS

Employer identification number

		01/110		CY CTRS OF S	211111 0111	1101 0112	94-2820673					
Pa	rt I	Reason for Public (	Charity Status (	All organizations must c	emplete this par	rt.) See instructions.						
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12.	check only one l	box.)	••••					
1		A church, convention of ch				* .						
2	一											
3	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name.										
4.	ш	city, and state:										
_				N								
5	نـــا	An organization operated for		llege or university owne	p or obelated p	y a governmental unit o	lesc(ibed ii)					
		section 170(b)(1)(A)(iv). (C										
6	<u></u>	A federal, state, or local government										
7	X	An organization that norma	•	intial part of its support	from a governm	ental unit or from the ge	eneral public described in					
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t Ii.)							
9		An agricultural research org	janization described	in section 170(b)(1)(A)	ix) operated in (	conjunction with a land	grant college					
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the name	e, city, and state of the	college or					
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from contr	ibutions, membership f	ees, and gross receipts from					
							upport from gross investment					
		income and unrelated busin	•	·	5.5							
		See section 509(a)(2). (Cor		<b>(       </b>			•					
11		An organization organized		ively to test for public sa	fetv. See sectio	on 509(a)(4).						
12		An organization organized			and the second of the second		aut the purposes of one or					
12	ட	more publicly supported or	•			114	· ·					
			-									
		lines 12a through 12d that										
а	L			· ·		and the second s						
					a majority of the	directors or trustees of	t the supporting					
				the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
	and the first of the control of the											
b	· L			l or controlled in connec		·						
D	( <b>L</b>	control or management o	f the supporting org	i or controlled in connect anization vested in the s		·						
D	: L	control or management o organization(s). You mus	f the supporting org t complete Part IV,	or controlled in connect anization vested in the s Sections A and C.	ame persons th	at control or manage th	ne supported					
C		control or management o	f the supporting org t complete Part IV,	or controlled in connect anization vested in the s Sections A and C.	ame persons th	at control or manage th	ne supported					
		control or management o organization(s). You mus	f the supporting org t complete Part IV, grated. A supportin	i or controlled in connect anization vested in the s Sections A and C. g organization operated	ame persons th in connection v	at control or manage the	ne supported					
		control or management or organization(s). You mus Type III functionally inte	f the supporting orgitic complete Part IV, grated. A supporting (see instructions	i or controlled in connect anization vested in the s Sections A and C. g organization operated s). You must complete	ame persons th in connection v Part IV, Section	at control or manage the vith, and functionally int as A, D, and E.	e supported regrated with,					
c		control or management or organization(s). You mus  Type III functionally interits supported organization	of the supporting orginal to complete Part IV, egrated. A supportion of some contractions or integrated. A supportion of supportion of supportions or integrated. A supportion of supportions or integrated.	d or controlled in connect anization vested in the since size of the size of t	ame persons the in connection we Part IV, Section rated in connect	at control or manage the vith, and functionally int as A, D, and E. tion with its supported a	ne supported regrated with, proganization(s)					
c		control or management or organization(s). You mus  Type III functionally interits supported organization Type III non-functionally	f the supporting orgit complete Part IV, egrated. A supportion(s) (see instructions integrated. A supportion organized. The organized.	i or controlled in connect anization vested in the s Sections A and C. g organization operated s). You must complete corting organization oper zation generally must sa	ame persons the in connection value in the pertity. Section rated in connections a distribution of the persons in the persons	with, and functionally int is A, D, and E, from with its supported on ion requirement and an	ne supported regrated with, proganization(s)					
c		control or management or organization(s). You mus Type III functionally interits supported organization Type III non-functionally interits not functionally interequirement (see instruct	f the supporting orgit complete Part IV, grated. A supportion (s) (see instructions vintegrated. A supportions). You must consider the organizations). You must consider the organizations of the orga	i or controlled in connect anization vested in the s Sections A and C. g organization operated s). You must complete porting organization oper zation generally must sa uplete Part IV, Sections	in connection version of the connection of the c	eat control or manage the vith, and functionally into as A, D, and E, tion with its supported on requirement and an appart V.	ne supported regrated with, organization(s) attentiveness					
d		control or management or organization(s). You mus Type III functionally interits supported organization Type III non-functionally that is not functionally intrequirement (see instruct Check this box if the organization	If the supporting orgit complete Part IV, egrated. A supportion of supportion of the grated. A supportion of the grated. The organization of the companization received a	or controlled in connect anization vested in the s Sections A and C. g organization operated s). You must complete porting organization oper zation generally must sa uplete Part IV, Sections written determination fro	in connection vertically and persons the connection value of the connection and the connection and the connection and the connection the connection the connection the connection and conn	with, and functionally into as A, D, and E. tion with its supported on requirement and an a Part V.  It is a Type I, Type II, Type II, Type II, Type II,	ne supported regrated with, organization(s) attentiveness					
d		control or management or organization(s). You mus Type III functionally interits supported organization Type III non-functionally interequirement (see instruct Check this box if the organizationally integrated, or	If the supporting orgit complete Part IV, grated. A supportion of supportion of supportions of the organization of the organization of the organization received a property of the organization received a property of the organization organization of the organization of the organization o	or controlled in connect anization vested in the s Sections A and C. g organization operated s). You must complete corting organization oper zation generally must sa mplete Part IV, Sections written determination fro anally integrated support	in connection very part IV, Section atted in connection atted in connections and D, and om the IRS that ing organization	with, and functionally int as A, D, and E. tion with its supported on requirement and an a Part V.  If is a Type I, Type II, Ty	ne supported regrated with, prganization(s) attentiveness					
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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 falled to qualify under Part III. If the organization falled to qualify under the tests listed below, please complete Part III.)

fails to qualify under the tests listed below, please complete Part III.)								
Sec	tion A. Public Support					r		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1.	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1055550	2394726.	1571664.	1900820.	2274497.	9197257.	
2	Tax revenues levled for the organ-				,			
	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							
	the organization without charge							
4.	Total. Add lines 1 through 3	1055550.	2394726.	1571664.	1900820.	2274497.	9197257.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						9197257.	
Sec	tion B. Total Support							
Cale	ndar year (or tiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	1055550.	2394726.	1571664.	1900820.	2274497.	9197257.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	6,071	3,872.	11,176.	10,131.	25,111.	56,361.	
9	Net income from unrelated business							
	activities, whether or not the			,				
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital				•			
	assets (Explain in Part VI.)	460,073.					460,073.	
11	Total support. Add lines 7 through 10						9713691.	
12	Gross receipts from related activities	, etc. (see instructi	ons)	.,		12		
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth te	x year as a sectio	n 501(c)(3)		
	organization, check this box and stop	p here	,				<b>&gt;</b>	
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11, c	olumn (f))	.,,,	14	94.68 %	
15	Public support percentage from 2016						94.39 %	
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and	
	stop here. The organization qualifies							
Ł	33 1/3% support test - 2016. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qua							
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	neck a box on line	3, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fac-							
	meets the "facts-and-circumstances"	_						
t	10% -facts-and-circumstances tes	t - <b>2016.</b> If the org	anization did not d	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets t	he "facts and circu	mstances" test, cl	eck this box and	stop here. Explain	in Part VI how the	-	
	organization meets the *facts-and-cir							
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s 🕨 📗	
			• •		Sche	dule A (Form 990	or 990-EZ) 2017	

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Schedule A (Form 990 or 990 EZ) 2017 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 3

		r Organizations Described in Section 509(a)(2

(Complete only if you checked the box on line 10 of Part I or if the organization falled to qualify under Part II. If the organization falls to

C	quality under the tests listed by	elow, please com	piete Part II.)				
	ction A. Public Support	(-) 0010	164.004.4	(e) 004#	t-n-on-re	167.0047	in Total
	indar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			<u> </u>	<u> </u>		:
2	Gross receipts from admissions, merchandise sold or services per-			•			
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax exempt purpose			-			
3	Gross receipts from activities that are not an unrelated trade or bus-						
	*** * * * * * * * * * * * * * * * * * *					1	
	iness under section 513		-				
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
ə	fumished by a governmental unit to						
	the organization without charge						
_	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and					-	
7 6	3 received from disqualified persons			1			
'n	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		•		-	- <del> </del>	
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			<b>-</b>	90 (000) (000)	60 mm m m m m m m m m m m m m m m m m m	··
	indar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(0) 120 10	(5) 2511	(4) 2010	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1-7	
·	Gross income from interest,						
. •	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
1	Unrelated business taxable income						
	(less section 511 taxes) from businesses	İ			}		
	acquired after June 30, 1975	ı					
	Add lines 10a and 10b			İ			
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	ı					
	regularly carried on	ı					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years, if the Form 990 is for	the organization	s first, second, thi	d, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here		aliana Maria da da da da da da da da da da da da da				▶
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (l	ine 8, column (f) o	livided by line 13,	cojumn (f))		15	%
<u>16</u>	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	stment Incom	<u>ie Percentage</u>			- <del> </del>	
17	Investment income percentage for 20						%
18		2016 Schedule A	Part III, line 17			18	- %
19:	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						
-	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check g	box on line 14, 19	a, or 19b, check t			
					C-1	adula A (Form 99)	n ~= 000 E71 9017

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule A (Form 990 or 990-EZ) 2017 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 4

Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Old the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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REAL OPTIONS PREGNANCY MEDICAL CLINICS 12017 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 5

Total Control of	dule A (Form 990 or 990-EZ) 2017 CRIDID I REGIRANCE CERCO OF DIRECT CAPETY	
Pai	t IV Supporting Organizations (continued)	Ved No.
	A STATE OF THE STA	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
- 2	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a
_	below, the governing body of a supported organization?	11b
	A family member of a person described in (a) above?	11c
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110.
<u> 260</u>	tion B. Type I Supporting Organizations	Yes No
	Did the directors, trustees, or membership of one or more supported organizations have the power to	
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Sec	tion C. Type II Supporting Organizations	
<u>000</u>	dono. Type if oupporting organizations	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sec	tion D. All Type III Supporting Organizations	
000	1011 217 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
_	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sec	tion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yealsee instruc	tions).
а	The organization satisfied the Activities Test. Complete line 2 below.	
þ.	The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a .
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	25
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а		
	trustees of each of the supported organizations? Provide details in Part VI.	3a
Ъ.	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
TOROG	5 10 06 17 Schedule A (F	orm 990 or 990-EZ) 2017

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule A (Form 990 or 990 EZ) 2017 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4. Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 16 b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Lead there if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule A (Form 990 or 990 EZ) 2017 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable. **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 b From 2013 c From 2014 d From 2015: e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder, Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See Instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2017

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	· • · · · · · · · · · · · · · · · · · ·	REAL	OPTIONS	PREG	NANCY	MED	ICAL	CLINI	c's		
Cabadula A	(Form 990 or 990-EZ) 2017	CRIST	S PREGN	ANCY	CTRS	OF S	ANTA	CLARA	СМТ94-	-2820673	Page 8
	Supplemental Inforr Part IV, Section A, lines 1, line 1: Part IV, Section D, II Section D, lines 5, 6, and 8 (See instructions.)	<b>nation.</b> ( 2, 35, 3c, nes 2 and	Provide the exp 4b, 4c, 5a, 6, 9 3: Part IV, Sect	lanations a, 9b, 9c, tion F. line	required b 11a, 11b, s 1c, 2a, 2	by Part I and 11d 2b. 3a. a	l, line 10; l c; Part IV, and 3b: Pa	Part II, line Section B, et V. line 1:	17a or 17b; f lines 1 and 2 Part V. Sectl	art III, line 12; ; Part IV, Section on B. line 1e: Pa	n.C,
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**Schedule of Contributors** 

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➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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

Department of the Treasury Internal Revenue Service

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

Employer identification number

94-2820673

Filers of: Section:
Form 990 or 990 EZ X 501(c)( 3 ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
Form 990-PF 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation
Check if your organization is covered by the General Rule or a Special Rule.  Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule
For an organization filing Form 990, 990 EZ, or 990 PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules
For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year
Caution: An organization that Isn't covered by the General Rule and/or the Special Rules doesn't 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  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) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer Identification number

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

Page 2

94-2820673

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	JOHN AND WENDY CADDEDU  11520 OLD RANCH ROAD  LOS ALTOS HILLS, CA 94024	\$ 225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DORCAS AND PROMOD HAQUE  13780 SARATOGA AVE.  SARATOGA, CA 95070	\$\$250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARK AND KAREN MCLAUGHLIN  14810 SOBEY ROAD  SARAGOGA, CA 95070	\$ 94,100.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN AND LISA REED  735 CASA BONITA CT.  LOS ALTOS HILLS, CA 94024	\$ 54,835.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PETER AND EMMA FINTER  1000 ESCALON AVE.  SUNNYVALE, CA 94085	\$ 64,247.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE VALLEY FOUNDATION  999 W. TAYLOR #A  SAN JOSE, CA 95126	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

Page 2

Name of organization									
REAL (	OPTIONS	PREG	SNANCY	ME	EDICAL	CLINIC	CS		
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CRISI	S PREGNANCY CTRS OF SANTA CLARA CNT	.9	4-2820673
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	i space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WESTGATE COMMUNITY CHURCH  1735 SARATOGA AVE.  SAN JOSE, CA 95129	\$59,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4.	(c) Total contributions	(d) Type of contribution
		\$·	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP.+ 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions:)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer Identification number

Name of organization

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

94-2820673

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il 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
		Schadule R /Form	000 000-F7 or 000-PF) /20

Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)			Page •				
Name of orga			Employer identification	number				
REAL O	PTIONS PREGNANCY MEDICAL	L CLINICS						
CRISIS	PREGNANCY CTRS OF SANTA	A CLARA CNT	94-282067					
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete coll completing Pert III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	ımns (a) through (e) and the followin haritable, etc., contributions of \$1,000 or les	Tine entry For amenizations	n \$1,000 for				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held				
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		(e) Transfer of gift						
-	Transferee's name, address, and	ZIP:+4	Relationship of transferor to transferee	1.				
-	1.00							
(a) No.				<del> </del>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held				
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		(e) Transfer of gift		-				
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<u> </u>	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held				
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	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
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(a) No.	·		<u> </u>	•				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held .				
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<del></del>	(e) Transfer of gift							
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-	Transferee's name, address, and	<u> </u>	Relationship of transferor to transferee					
-								
<u></u>			Schodula R (Form 900 900-57 or	 BOD-DE\ (2017				

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

REAL OPTIONS PREGNANCY MEDICAL CLINICS

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

Employer identification number 94-2820673

Pa	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
location 8	organization answered "Yes" on Form 990, Part IV, line	•	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		-
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		f
Pa	TII Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	IV, line.7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
, b	Total acreage restricted by conservation easements		. 2b
c	Number of conservation easements on a certified historic stru	· · · · · · · · · · · · · · · · · · ·	. [
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax
	year ▶	•	
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes  No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conserv	ation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	<b>&gt;</b> \$		
8.	Does each conservation easement reported on line 2(d) above		· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for
<del>Ionizzanio</del>	conservation easements.		
Pal	Collections Maintaining Collections of	· · · · · · · · · · · · · · · · · · ·	r Similar Assets.
	Complete if the organization answered "Yes" on Form		<del></del>
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	•	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b.	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tree		in, provide
	the following amounts required to be reported under SFAS 11		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

		PREGNANCY							20673	
Pa	TIII Organizations Maintaining C	ollections of A	rt, His	<u>torical T</u>	reasures,	or Oth	<u>er Simil</u>	ar Asse	ts/continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	is, checi	k any of the	e following th	at are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	f 🔲	Loan or ex	change prog	rams				
ь	Scholarly research	.е	. 🖂	Other						
c	Preservation for future generations		. —							
4	Provide a description of the organization's co	lections and explai	n how th	nev fuither	the croaniza	tion's exe	mot ouro	ose in Pai	t XIII.	
5	During the year, did the organization solicit or							000,		
·	to be sold to raise funds rather than to be ma								Yes	☐ No
Dai	t IV Escrow and Custodial Arran								_	
OR COCK	reported an amount on Form 990, Par		ere ii rije	organizan	OI CATISWOTOS	. 100 01	i i Onili Oo	w. 1 . ca, 1	1110 03 01	
-	Is the organization an agent, trustee, custodi	******	diana fay		aa ay athay a		inaludad			
ıa			_					_	٦٠	□ No
	on Form 990, Part X?					,,	************	,	_l Yes	NO
Ь	If "Yes," explain the arrangement in Part XIII	and complete the to	diowing	table:					A	
							<u> </u>		Amount	
C	Beginning balance							**********		
d										
e	Distributions during the year									
f	Ending balance							_	<del>_</del> ····	<del></del>
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or o	custodial acc	ount liabi	lity?	L	Yes	∐ No
ъ	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has bee	n provided o	n Part XIII	.,,,,,,,,,,,,			<u></u>
Par	TV Endowment Funds. Complete if	the organization an	swered	"Yes" on F	orm 990, Pa	rt IV, line	10.			
		(a) Current year	(b) P	rlor year	(c) Two year	ars back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	. "								
ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities				1					
Ę						İ			İ	
	and programs									
	Administrative expenses				<del> </del>					
9	End of year balance		a		(3) 1 - 1 - 1 - 1				l	<del></del>
2	Provide the estimated percentage of the curr	ent year end balanc		g, column i	(aj) neid as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
Ç	Temporarily restricted endowment ►	%								
	The percentages on lines 2a, 2b, and 2c shou									
3а	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held	and administ	ered for t	he organiz	zation	<del></del>	
	by:									es No
	(i) unrelated organizations		:						. 3a(i)	
	(ii) related organizations		.,,						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	red on S	chedule R'	7			المنافعة والمنافعة و	3ь	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	funds.		· · · ·		· ·		
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	Yes" on Form 990	), Part IV	/, line 11a.	See Form 99	0, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	ccumulate	ed	(d) Book	value
	-1	basis (investn			(other)	de	oreciation			
1a	Land			,						
	Buildings			92	24,420.		331,0	33.	593	,387.
	Leasehold improvements						, -			<del></del>
	Equipment					1				
	Other			4.4	11,011.		377,7	68.	63	,243.
	. Add lines 1a through 1e. (Column (d) must ed		Ý cokin					<b>&gt;</b>		,630.
iotal	And thes ta through Te. (Column (a) most ed	quai rumii <b>99</b> 0; Fd[[	A, COIUII	nir (D), INTO	1 1 100/	<del>1</del>				990) 2017

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		REAL OF	TIONS PRE	GNANCY	MEDICAL	CLINICS		
Schedule D	(Form 990) 2017	CRISIS	PREGNANCY	CTRS C	F SANTA	CLARA CNT	94-2820673	Page 3
Part VII	Investments - O	ther Securit	ies.					
	Complete if the organ	ization answere	d "Yes" on Form 9	90. Part IV. lis	ne 11b. See For	m 990. Part X. line 1	2.	

Complete if the organization answered Tes Or	1 LO(1() 220' Latria wie	
(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		
(3) Other		
(A)		
(B)		
(C)		
. (D)		
(E)		
(F)		
(G)		
(H)		
Total /Col /h) must equal Form 990, Part Y, col /R) line 19 \		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

## Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	ACCRUED COMPENSATION	85,260.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	85,260.	

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) 2017

31004001 112 737717 REAL OPTIONS PREGNANCY MEDICAL CLINICS CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-2820673 Page 4 Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2. Net unrealized gains (losses) on investments b Donated services and use of facilities \_\_\_\_\_\_ 2b c Recoveries of prior year grants 20 d Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b \_\_\_\_\_\_\_4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a Prior year adjustments 2c c Other losses Other (Describe in Part XIII.) 2d e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest instructions.

r identification numbe

	PREGNANCY CTRS OF				94-2820	673
Part I Fundraising Activitie required to complete this p	s. Complete if the organization ansvart.	wered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not
1 Indicate whether the organization ra a Mail solicitations b Internet and email solicitatio c Phone solicitations d In-person solicitations 2 a Did the organization have a writter key employees listed in Form 990, b if "Yes," list the 10 highest paid incompensated at least \$5,000 by it	e Solicit  f Solicit g Speci  o or oral agreement with any individu  Part VII) or entity in connection with dividuals or entities (fundraisers) pur	tation of tation of al fundra al (includ profess	non g gover dising ding o lonal f	overnment grants nment grants events fficers, directors, true iundraising services?	stees, orYes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have ci or con contribi	Did alser ustody trol of utlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vii) Amount paid to (or retained by) organization
		Yes	Ñο			
·						
Total			•			
List all states in which the organization licensing.			utions	or has been notified	d it is exempt from re	egistration
				•		

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

Schedule G (Form 990 or 990-EZ) 2017

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REAL OPTIONS PREGNANCY MEDICAL CLINICS

Schedule G (Form 990 or 990-EZ) 2017 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 2

Part II Fundraising Events. Complete If the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form sar		events with gross recei	pis greater man \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DINNERS OF	WALK FOR	NONE	1 7 7 7
			VISION	LIFE/TREE OF		(add col. (a) through
	1					- col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue						
Š	1	Gross receipts	434,508.	140,934.		575,442.
ц.						
	2	Less: Contributions	434,508.	140,934		575,442.
	-	Took deliting in the state of t		1		•
	٦	Gross income (line 1 minus line 2)				
	3	Gross income time 1 minus line 2)	<u> </u>			<del> </del>
	١.					
	4	Cash prizes				<u> </u>
	1					
٠.	5	Noncash prizes				
Direct Expenses						
Ë	6	Rent/facility costs				
쑮						
퓽	7	Food and beverages				•
Ē	<b>'</b> '	1 bod and beverages				
۵	١.	and a contract of				
	8	Entertainment			***************************************	
	9	Other direct expenses		<u> </u>		
	10	Direct expense summary. Add lines 4 through				
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		<u></u>	
P	III	Gaming. Complete if the organization	answered "Yes" on Form	i 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			(A Di	(b) Puil tabs/instant	(10)	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Ş.						
æ	۰	0				
_	7	Gross revenue				
S.	2	Cash prizes				
SE						
Š.	3	Noncash prizes				
Direct Expenses						
<u>ě</u>	4	Rent/facility costs				
Δ	İ					
	5	Other direct expenses				
	<u> </u>	Otto Charles	Yes %	Yes %	Yes %	
	_	Maluntani lahar	No No	No No	No No	
	6	Volunteer labor	טאו וייין אַס		ND	
	l					
	7	Direct expense summary. Add lines 2 through	15 in column (d)		···········	
					i.	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u>,</u>	
9	Ent	er the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
-	"	ito, orpiani				<del></del>
	_					
		, , , , , , , , , , , , , , , , , , ,			^	
		re any of the organization's gaming licenses re		* * * * * * * * * * * * * * * * * * * *	year <i>r</i>	Yes No
t	if "	Yes,* explain:				
	<u>.                                    </u>					
						000 000 57 0047
7000	00.00	)-13-17			Scheditle G (Lo:	rm 990 or 990-EZ) 2017

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TTAT	T	_	L

	REAL OPTIONS PREGNANCY MEDICAL CLINICS
	edule G (Form 990 or 990-EZ) 2017 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT94-2820673 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13.	Indicate the percentage of gaming activity conducted in:
	The organization's facility
b	An outside facility 13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
ь	If *Yes,* enter the amount of gaming revenue received by the organization ▶ \$ and the amount
	of gaming revenue retained by the third party 🕨 \$
C	If "Yes," enter name and address of the third party:
	Name: ►
	Address: ►
40.	
10	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatorý distributions:
	ls the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
977,000	organization's own exempt activities during the tax year > \$
	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 provide any additional information. See instructions.
	Tob, 18, and 17 of as application from any additional financial fi
7000	3 09-13-17 Schedule G (Form 990 or 990-EZ) 2017
73208	3 09-13-17 Schedule G (Form aboor abo-Et) 2017

732084 04-01-17

**SCHEDULE 0** (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.

Go to www.irs.gov/Form990 for the latest information. Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

REAL OPTIONS PREGNANCY MEDICAL CLINICS

Employer identification number

OMB:No. 1545-0047

	CRISIS PREGNANCY CTRS OF SANTA CLARA CNT 94-	2820673
FORM 990, PART	VI, SECTION B, LINE 11B:	
BOARD PERFORMS	DETAILED REVIEW WITH THE DIRECTOR.	
		· · · · · · · · · · · · · · · · · · ·
FORM 990, PART	VI, SECTION B, LINE 12C:	
ALL OFFICERS,	DIRECTORS, AND KEY EMPLOYEES MUST READ THE POLIC	Y AND COMPLY
	TION THAT INVOLVES A CONFLICT OF INTEREST.	
	VI, SECTION C, LINE 19:	
	XI, LINE 9, CHANGES IN NET ASSETS:	
	CQUISITION	
, <u></u>		
<u></u>		
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2017 DEPRECIATION AND AMORTIZATION REPORT

_			-		066		,	:				
Description Acquired	y Method	Life	00E>	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3030393		5.00	1 TKH	5,216.				5,216.	5,216,		0.	5,216.
OPFICE FURNITURE - 2007 12/30/0	ZIS	AUGUS.	9	3,500.				3,500.	3,500		Č	3,500
		19555550	HX17	1,734.				1,734.	1,734.		.0	1,734.
11/03/0	11/03/03 SE	0 9	H	503.				202	502.		Ċ	502.
SYSTEK 09/18/09	us 60	7.00	HY17	3,433.				3,433.	3,433.		0.	3,433.
COMPUTER EQUIPMENT 08724/09 SL		5,00	1) 1) 1)	.988.				988.	988		ō.	988.
	10 51	00.0	HV17	1 720			•	1 720	1 720		C	1 720
				~ 8000000								
				* 1								
04/28/11	11 200DB	5.00	1717.7	27,296.				27,296.	27,296.		0	27,296.
ULIRA SOUND 04/01/12	2000	5.00	HM17	105,573,				105,573.	36,776		6,081.	102,857.
		3									į	
2-ACER COMPUTERS 10/11/12	77 20008		) IX	1,168.				1,128.	440.		• 50	1,005.
EXAM HOCH UPGRADE 05/29/12	300DE	7.00	<u> </u>	3,077.				3,077,	2,015.		274.	2,289.
08/09/12	200DB	7.00	HY1.7	3,352.		·		3,352.	1,756.		299.	2,055.
E. De' S. E. S. DETRINGES	a	č V	· •	8 717				7.7.0			usa	279 1
								•	•			
AMERIPRISE FURNITURE 12/01/13	200DB	7.00	MQ17	1,000.				1,000.	428.		100.	528.
11/01/1	11/01/13 200DB	7.00	MG1.7	2,910.				2,910	1,282.		292	1,574.
12/01/13	13 200DB	5.00	MQ17	790,	:			790.	474.		86.	560.
CATALOGICAL CONTRACTOR OF THE	Ţ	00 00	Š	117 800				000 144	143 640		t00 t	750 - 13F
				Accept dispose	7		•					#TC Calvaca Dania Communial Duithiritation Datuding Or 2000

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990	90 PAGE 10						990							
Asset No.	Description	Date Acquired	Method	Life	Ωοα≻ No, No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
80	WIRELESS HEADSET-EDU	03/17/14	200DB	5.00	MQ17	623,				623.	343		-69	412.
81	81 CBJ TV & INSTALL	12/17/14 200DB 5 00	20008	2.00	ğ	1,487.				1.487	594.		203.	797.
82	PROJECTOR	12/17/14	20001	5.00	ж <del>о</del> 17	1,974.				1,974.	790.		270.	1,060.
83	lad tof	12/17/14 200DB 5.00	20003		<u>Ř</u>	685				685.	274.		. \$6	368.
84	CUBICLES & INSTALL	12/17/14	20003	7.00	MQ17	4,325.				4,325.	1,236.		608.	1,844,
is b	HP PC & PRINTER-3	02/01/14	200DB 5,00		¥,	17,184.				17,184.	9.738.		1,892.	11,630.
8	MT VIEW FILING CABINET	10/22/14	20003	7.00	MQ1.7	699.				.699.	217.		.86	315.
87	B7 CSJ REFRIGERATOR	32/04/34	200DB 5.00	60°5	r B	801.				801.	334.		110.	444.
88	CSJ-TELEPHONE SYSTEM	12/11/14	20001		MQ17	15,957.				15,957.	6,382.		2,183.	8,565.
6 80	B9 hm viba signs	02/26/14 200DB 7.00	20008		<u>17</u>	960.				.096	88 87		105.	£63
06	MT VIEW-LEASEHOLD IMP.	06/17/14	SL	39.00	MM17	38,789.				38,789.	17,632.		995.	18,627.
ë,	MT VIRW WALL LANTS	01/15/14	20008 7.00		8	828.				828	345.		91.	436.
р. С	CSJ-LEASEHOLD INP.	12/31/14	SI	39.00	MM17	573,742.				573,742.	145,749.		14,711.	150,460.
m m	2015 OPFICE EQUIP	01/01/15	200D 5,00		- Table	2,377.				2,217.	910.		437.	1,347.
94	2 COMPUTERS	12/09/15	20003	5.00	НЖ.	2,565,				2,565.	513.	:	492.	1,005.
t)	95 ULTRASCUNT	10/30/15 20008 5.00	200DB	*******	-1	25,673.				25,673.	5,545,		4,929.	11,474
96	Pc-amazon	01/23/16	20003	5.00	HY17	622.				622.	114.		199.	313.
97 APPI	97 APPLE COMPUTER WITH INSTALL 07/13/16 20018 5.00	07/13/46	20000		HW17	2,124.				2,134.	177.		-680-	857.

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 5	FORM 990 PAGE 10							066				
Asset No.	Description	Date Acquired	Method	Life	005>	No. Cos	Unadjusted No. Cost Or Basis	Bus % Exci	Section 179 Expense	Bus Section 179 Reduction in Expense Basis Exci	Basis For Depreciation	Beginning Accumulated Depreciation
0	UNION CITY PRINTER WITH	7 741 00 3 MINOR 31/ 10/ 00	aroot :	ŭ	,	r					, ,	7

136. Ending Accumulated Depreciation 386. 278. 708,801. 11,310. 155,036. 136. 1,265, 708, 665. 708,801 1,047. 8,215. 326 Š 254. 21,417. 75,593. Current Year Deduction Current Sec 179 Expense ӯҫ 2,995. 218. 74. 633, 208, 708 801. 132, 633,208. 633,208. 656,630. 133,619 681, 1,365,431. 1 354 750. 638. 155,036. 1,365,431, 25,673. 681. ٥ 793. ö Ö 681 ë 638. 25,673. 793 155,036. ,354,750, 681. 365,431. 365,431. 8.31 H##1 HX117 W HXII.7 HX117 2.00 5,00 5.80 5.00 5,00 Z00DB 5.00 05/13/16 200DB 200DB 07/01/13 203DB 200DB 05/04/16 200DB 02/09/16 01/10//0 TOTAL 990 PAGE 10 DEPR CURRENT YEAR ACTIVITY ENDING ACCUM DEPR BECINNING BALFACE ENDING BOOK VALUE DISPOSITIONS ACQUISITIONS ENDING BALANCE 99 COPIER PART-SE 102 MERGER ASSETS 103 OFFICE ROULP 100 FILE CABINET ULTRA SOUND ä

728111 04-01:17

(D) - Asset disposed

\*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172.

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form4562 for instructions and the latest information.

ivam	e(s) shown on return			Brigine	ass or activ	utā to mu	ilcu ruis iõutti usis	les	Identifying upmoet
	AL OPTIONS PREGNANCY								
	ISIS PREGNANCY CTRS								94-2820673
	art 1 Election To Expense Certain Proper	ty Under Section 17	79 Note: If you	have any lis	ted pro	perty,	complete Par		
									510,000.
	Total cost of section 179 property place								2 020 000
	Threshold cost of section 179 property								2,030,000.
	Reduction in limitation. Subtract line 3 for								
	Dollar limitation for tax year. Subtract line 4 from line		-0-, If married filing						
6	(a) Description of pro	perty		(b) Cost (busin	ess:usa on	1137)	(c) Elected	I-GOSI	-
_			-			_			-
					<del>.</del>				
	1.7	ti loo			—-г	7			
	Listed property. Enter the amount from					* 1		8	
	Total elected cost of section 179 proper								
	Tentative deduction. Enter the smaller								
	Carryover of disallowed deduction from							i i	
	Business income limitation. Enter the sn								
	Section 179 expense deduction. Add lin							12	
	Carryover of disallowed deduction to 20					13			
	te: Don't use Part II or Part III below for Ii								
******	art II Special Depreciation Allowar		<del></del>				•		<u> </u>
14	Special depreciation allowance for quali								
	the tax year	·	•						
	Property subject to section 168(f)(1) elec							l l	
11. 5.7	Other depreciation (including ACRS)						-,	16	
	art III MACRS Depreciation (Don't )	nclude listed proj		· · · · · · · · · · · · · · · · · · ·					
<del></del>				ion A					75,457.
	MACRS deductions for assets placed in							17	13,431.
18	If you are elaciling to group any assets placed in service Section B - Assets I	ce during the tax year i	nto one or more ger	Tax Vocal	ounts, chec	k here	Donaci	otion Cust	
	Section B - Assets i	(b) Month and					eral Debreci	ation syst	em
	(a) Classification of property	year placed In service	(c) Basis for de (business/inve- only - see ins	stment use tructions)	(a) He	riod.	(e) Convention	(f) Method	(g) Depreciation deduction
— 19a	3-year property		<del>*</del>						
b				681.	5 Y	RS.	НУ	200DB	136.
<del>-</del> c									
<u>`</u>								•	
. е		1							
f									
9	`~ ·				25	yrs.		S/L	
		1				yrs.	MM	S/L	
r	Residential rental property	7				yrs.	MM	S/L	
		· · · · · · · · · · · · · · · · · · ·			39		MM	S/L	
i	Nonresidential real property	· /				4 1 11 11 11	MM	S/L	
-	Section C - Assets Pl	aced in Service	During 2017 T	ax Year Us	sing the	Alterr			stem
20 a								S/L	
<u>-v</u> e	-	1			12	yrs.		S/L	
		/				yrs.	MM	S/L.	
	art IV Summary (See instructions.)	······································					<u>.                                    </u>		
	Listed property. Enter amount from line	28					, , , , , , , , , , , , , , , , , , , ,	21	
	Total. Add amounts from line 12, lines 1					ie 21.			
	Enter here and on the appropriate lines						t <u></u>	22	75,593.
23	For assets shown above and placed in s				· [				
	portion of the basis attributable to section					23			

122

	·	
REAL OPTIONS PR	"/"\T\ \T\ T\ T	777 77 TXTTAC
PRAI. DEVILORS DR	CCANIA NIFYY WINCH L	CAL CLINICS
MINI OF TACHO TIC	TOTACHOT TIPDE	CIM CHIMICO

CRISIS PREGNANCY CTRS OF SANTA CLARA CNT

94-2820673 Page 2 Form 4562 (2017) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V

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

	1.4		on and Other Info		on: See the instruc	tions for lir	mits for passeng	er automobiles.)	i
24a	Do you have evidence to s	upport the bu	siness/investment u	ise claimed?	Yes No	24b If "Y	es," is the evider	ce written?	Yes No
	.(a) Type of property: (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25	Special depreciation allo	owance for c	ualified listed pro	perty placed in s	service during the t	ax year an	d		
	used more than 50% in	a qualified b	usiness use	{  -\\-			25		
26	Property used more tha	n 50% in a c	ualified business	use:					
		: :	%						}
		1. 1	%						
		; ;	%						
27 :	Property used 50% or le	ess in a qual	fied business use	n:					
		; ;	%				S/L·		
		; ;	%.				S/L·		
		1 . 1	%				S/L		
28	Add amounts in column	(h), lines 25	through 27. Ente	r here and on lin	e 21, page 1		28		
	Add amounts in column							29	

### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided Vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the	(a Veh	•	(t Veh	7.	(« Veh	5	(c Veh	•	(e Veh		(1 Veh	•
	year (don't include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No.	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												<u></u>
36	is another vehicle available for personal use?										<u></u>		

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

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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
	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?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: if your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	<b>(f)</b> Amortization for this year
<ol><li>Amortization of costs that begins dur</li></ol>	ng your 2017 tax year:				
	i i				
43 Amortization of costs that began before your 2017 tax year					
4 Total. Add amounts in column (f). See					

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Form **8868** (Rev. January 2017)

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

Department of the Treasury

Electronic filling (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or REAL OPTIONS PREGNANCY MEDICAL CLINICS print 94-2820673 CRISIS PREGNANCY CTRS OF SANTA CLARA CNT File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1671 THE ALAMEDA, NO. 101 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SAN JOSE, CA 95126 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 Application Return Return Application Code Code Is For Is For 01 Form 990-T (corporation) 07 Form 990 or Form 990-EZ 02 Form 1041-A 80 Form 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 03 04 Form 5227 10 Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11: Form 8870 Form 990-T (trust other than above) 06 12 VALERIE HILL The books are in the care of ► 1671 THE ALAMEDA SUITE 101 - SAN JOSE, CA 95126 Telephone No. ▶ 408-229-9836 Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this box 🕨 \_\_\_\_ . If it is for part of the group, check this box 🕨 \_\_\_\_ and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2018 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ь c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

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

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2017)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment