*Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year or tay year beginning

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2009, and ending

OMB No 1545-1150

2008

Open to Public Inspection

				or tax year beginning , 2000, and ending			, 20		
В		lise IRS					yer identification number		
님	Address o	-	14	2004594					
H	Name cha Initial retu	-	print or type.	Number and street (or PO box, if mail is not delivered to street address) Room/suite E	Telepho	hone number			
Ħ	Termination		See	P. O. Box 241	(615	5) 773-4673			
\Box	Amended	return	Specific Instruc-	City or town, state or country, and ZIP + 4	Group 8	Exemp	tion		
	Applicatio	n pending	tions.		Number		>		
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method ☐ Cash ☐ Accrual Other (specify) ▶								
				H Check ►	□ ıt	the or	ganization is not		
1	Websit	te: 🕨 preg	nancy	arecenterin ord or orednancycarecenterin com			edule B (Form 990,		
J	Organiz	zation type (d	check or	ly one) — 🗾 501(c) (3) ◀ (insert no) 🔲 4947(a)(1) or 🔲 527 990-EZ, c			, .		
K	Check >	If the org	ganızatıd	n is not a section 509(a)(3) supporting organization and its gross receipts are normall ration chooses to file a return, be sure to file a complete return	y not m	ore tha	an \$25,000 A return is		
_				e 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 99	0-F7	▶ \$	62,229 81		
	art I			nses, and Changes in Net Assets or Fund Balances (See the ins					
-					liuctic				
	1		_	grants, and similar amounts received	-	1	62,040.44		
	2			evenue including government fees and contracts	\vdash	2	-0-		
	3		•	and assessments	-	3	-0-		
	4	Investment	t incom		· ·	4	189.37		
	5a	Gross amo	ount fro	m sale of assets other than inventory 5a					
	b	Less cost	or other	r basis and sales expenses					
άu	С	Gain or (los	s) from	sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedu	ıle) _	5c	-0-		
2	6	Special events	and acti	ities (complete applicable parts of Schedule G). If any amount is from gaming, check here 🕨 [
Revenue	а	Gross reve	enue (n	t including \$ of contributions					
æ		reported o	n line 1	6a					
	b	Less direc	t expe	ses other than fundraising expenses . 6b					
	С	Net incomi	e or (lo	ss) from special events and activities (Subtract line 6b from line 6a)	. L	6c	-0-		
	7a	Gross sale							
	ь	Less cost	-						
	С	Gross prof		7c	-0-				
	8	Other reve	•	, ,	8	-0-			
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶	9	62,229.81		
	10	Grants and	d simila	amounts paid (attach schedule) RECEIVED	~,	10	-0-		
	11	Benefits pa		⊢-	11	-0-			
S	!			161		12	-0-		
use	13		31	13	310 00				
Expenses	14			and other payments to independent contractors MAY 2 6 2009 willities, and maintenance	51	14	-0-		
ĕ	15		[15	2,797.99				
	16	Printing, p	1 -	16	11,263 73				
	17			describe Fundraising, office expenses UGDEN, U	 ′ ⊢	17	14,371 72		
						18	47,858.09		
Assets	18			for the year (Subtract line 17 from line 9).		10	47,030.03		
SS	19			d balances at beginning of year (from line 27, column (A)) (must agree version reported on prior year's return)		40	5 050 77		
<u>ب</u>	00		٠ –	19	5,952.77				
Net	20			net assets or fund balances (attach explanation) I balances at end of year Combine lines 18 through 20	· -	20	-0-		
Б	_					21	53,810.86		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ									
_		(See the instructions for Part II) (A) Beginning of y					(B) End of year		
22		h, savings, a		estments .	5,952.7		53,810.86		
23	3 Land	d and buildii	ngs)- 23	-0-		
24		-	escribe	>)- 24	-0-		
25		al assets		· · · · · · · · · · · · · · · · · · ·	5,952.7		53,810.86		
26	Tota	al liabilities	(describ	e >)- 26	-0-		
27					5,952.7	7 27	53,810.86		
Fo	r Privac	y Act and Pa	aperwo	k Reduction Act Notice, see the Instruction for Form 990. Cat No 106	6421		Form 990-EZ (2008)		

1 GIII 555 EZ (2555)					· age 🗕		
Part III Statement of Program Service Accom	plishments (See the instr	ructions for Part	HI.)		Expenses		
What is the organization's primary exempt purpose? Sharing Jesus' love with those facing unwanted pregna					(Required for 501(c)(3)		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,					(4) organizations		
describe the services provided, the number of persons be	ation's exempt purposes in	a clear and cond	ise manner,	e manner, and 4947(a)(1) trusts, ogram title optional for others)			
				Optio			
28 During all of 2008 the Center prepared for a May			strative				
work (The Center opened on May 4, 2009.) No o	client services were provid	ded in 2008.					
(Grants \$) If this amount incl	udes foreign grants, check	here	▶ □	28a			
	· · · · · · · · · · · · · · · · · · ·						
29							
(Grants \$) If this amount incl	udes foreign grants, check	here	▶	29a			
30							
	udes foreign grants, check		▶ □	30a			
31 Other program services (attach schedule)							
·	 udes foreign grants, check	horo .	▶ □	31a			
32 Total program service expenses (add lines 28a th	grouph 31a	11010 ,					
			1 12 11	32	-0-		
Part IV List of Officers, Directors, Trustees, and Key							
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit		(e) Expense account and		
	devoted to position	enter -0-)	deferred comper		other allowances		
Denise Haywood	President						
1612 W Wilson Blvd., Mt Juliet, TN 37122	10 hours	- 0-		-0-	-0-		
Desha Hearn	Vice President				· · · · · · · · · · · · · · · · · · ·		
6052 Hagars Grove Pass, Hermitage, TN 37076	1	-0-		-0-	-0-		
Mary Gant	10 hours						
• • • • • • • • • • • • • • • • • • • •	Secretary	- 0-			•		
2205 Seven Point Circle, Hermitage, TN 37076	10 hours	-0-		-0-	-0-		
Beverly Murgatroyd	Treasurer						
1062 Shadow LN, Mt Juliet, TN 37122	10 hours	-0-		-0-	-0-		
Keith Murgatroyd	Director						
1062 Shadow LN, Mt Juliet, TN 37122	6 hours	-0-		-0-	-0-		
Jim Gotto	Director						
5108 John Hagar Road, Hermitage, TN 37076	6 hours	-0-		-0-	-0-		
Ken Clayton					· · · · · · · · · · · · · · · · · · ·		
6036 Hagars Grove Pass, Hermitage, TN 37076	Director	-0-		_	•		
	6 hours	-0-		-0-			
Myra Simons	Director	_					
3711 Rockdale Fellowship Rd, Mt Juliet, TN 37122	6 hours	-0-		-0-	-0-		
			· · · · · · · ·				
				-			
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
	-						

Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		L
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes" complete Schedule L. Part II and enter the total amount involved. 38b	38a	_	- ✓
	The complete consected and arrest the total arrest involved		Í	
39	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9 39a			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		→
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41 42a	List the states with which a copy of this return is filed. ► The books are in care of ► Beverly Murgatroyd Located at ► 1062 Shadow LN, Mt Juliet, TN ZIP + 4 ► 3	4 [,] 7122-	-	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		_	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	<u></u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
45 ——	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		00) EZ	,,,,,,,,,,,

Part VI	and complete the tables for lines 50 ar		organizations mu	ıst answer questi	ons 46-	-49	
46 Did 1	the organization engage in direct or indirect p	·	es on behalf of or i	n opposition to		Yes	No
	didates for public office? If "Yes," complete S		•		46		✓
47 Did 1	the organization engage in lobbying activities?	? If "Yes," complete Sche	edule C, Part II		47		✓_
48 Is th	ie organization operating a school as describe	ed in section 170(b)(1)(A)(i	i)? If "Yes," compl	ete Schedule E .	48		✓
49a Did :	the organization make any transfers to an exe	empt non-charitable relate	ed organization?		49a		✓
b If "Y	'es," was the related organization(s) a section	527 organization?			49b		
	nplete this table for the five highest compensation received more than \$100,000 of compensation				employ	/ees)	who
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation		xpense unt and lowand	đ
NONE							
Total num	nber of other employees paid over \$100,000 ►	NONE					
NONE	(a) Name and address of each independent contractor p	paid more than \$100,000	(b) T	pe of service	(c) Comp	ensat	ion
NONE							
	• • • • • • • • • • • • • • • • • • • •						
		·····					
Total num	nber of other independent contractors each re		•	NONE			
	Under penalties of perjury, I declare that I have examinand belief it is true, correct, and complete Declaration	ned this return, including accomon of preparer (other than office	panying schedules and er) is based on all infor	statements, and to the mation of which prepare	best of my er has any	know know	ledge ledge
Sign Here	Signature of officer	hayd		5-14-3 Date	200	9_	
	Beverly Murgatroyd, Treasurer Type or print name and title			·····			
Paid Propororio	Preparer's signature - SELF -	Date	Check if self- employed	Preparer's Identifying	Number (Se	e instru	ıctions
Preparer's	Firm's name (or yours			EIN > ;			
Use Only	if self-employed), address, and ZIP + 4	· · · · · · · · · · · · · · · · · · ·		Phone no ► ()			
May the I	RS discuss this return with the preparer show	n above? See instruction		,	☐ Ye	s 🗆	No
			· · · · · · · · · · · · · · · · · · ·	F	orm 990		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public

2004594

Department of the Treasury Internal Revenue Service Name of the organization

Pregnancy Care Center

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🗹 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III-Functionally integrated d Type III-Other e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) 11g(u) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (III) Type of organization (iv) is the proapgation (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in colsupport above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes

Total

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.)
Section A. Public Support

Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	N/A	N/A	N/A	\$9,094	\$62,040	\$71,134	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	N/A	N/A	N/A	-0-	-0-	0-	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	N/A	N/A	N/A	-0-	-0-	-0-	
4	Total. Add lines 1-3				\$9,094	\$62,040	\$71,134	
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)						\$26,187	
6	Public support. Subtract line 5 from line 4						\$44,947	
	tion B. Total Support						***	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7	Amounts from line 4 .				\$9,094	\$62,040	\$71,134	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	N/A	N/A	N/A	-0-	\$189	\$189	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	N/A	N/A	N/A	-0-	-0-	-0-	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	N/A	N/A	N/A	-0-	-0-	-0-	
11	Total support. Add lines 7 through 10 .						\$71,323	
12	Gross receipts from related activities, etc	(see instruction	ns) .	•		12	0-	
13 Sec								
<u> 14</u>	Public support percentage for 2008 (line			1 1 (0)		44		
15			•	i, column (i))		14	<u> %</u>	
16a	ia 33% % support test - 2008. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box							
_	and stop here. The organization qualifies as a publicly supported organization							
	b 33\% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
b 18	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							

	orm 990 or 990-EZ) 2008 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)
N1/A	
N/A	
•	
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