

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2016

Open to Public

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

neh	artment of th	he Treasury	▶ Do not enter social security numbers on		_	-	11171 7	Open to r	
			► Information about Form 990 and its instru	•		ov/form990	)   W   C	Inspect	ION
-			ndar year, or tax year beginning		and ending			, 20	<del> </del>
В	Check if a	pplicable.	C Name of organization LIFE LINE PREGNANCY CENTER				D Employ	er identification m	ımber
Ц	Address cl	•	Doing business as		1 ~			58-1634141	
	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street	address)	Room/suite		E Telephoi		
	Initial retur	Tì	4524 FOUNTAIN DR.	·				910-799-0270	
Ц	Final return/	terminated	City or town, state or province, country, and ZIP or foreign post	tal code					
X	Amended	return	WILMINGTON, NC 28403-2918				G Gross re	ceipts \$	330694
	Application	n pending	F Name and address of principal officer:			H(a) is this a gr	oup return for :	subordinates? 🔲 Yes	Ľ No
			CYNTHIA ADAIR, EX. DIR. 4524 FOUNTAIN DR. WILMI	NGTON, NO	28403	4 ''		s included? 🔲 Yes	
<u></u>	Tax-exemp	ot status.		4947(a)(1) or	<u>527</u> 5	If "No	o," attach a	list. (see instructio	ns)
<u>J</u>	Website:	► ww	v. lifelinepartner org			H(c) Group	exemption	number 🕨	
<u>K</u>	Form of org	ganization.	✓ Corporation Trust Association Other ►	L Yea	ar of formation	ı. 1985	M State	of legal domicile:	NC
P	art I	Summ	ary						
	1 E	Briefly de	scribe the organization's mission or most significan	t activities:					
9	F	Providing	compassionate support by empowering those at risk	for or impac	ted by an u	ınplanned ı	oregnanc	y.	
Jan	v	Ne provid	le pregnancy testing, ultrsound scans, prenatal & infai	nt care prog	rams & abo	ortion recov	ery prog	ram.	
& Governance	2 0	heck th	s box ▶☐ if the organization discontinued its opera	ations or di	sposed of	more than	25% of	its net assets.	
Ó	3 N	lumber d	of voting members of the governing body (Part VI, lin	ne 1a) .   .			3		7
ಹ	4 N	lumber d	of independent voting members of the governing bo	dy (Part VI,	line 1b)		4		7
jes	5 T	otal nun	ber of individuals employed in calendar year 2016	(Part V, line	, ^ `		5		13
Activities							6		17
Acı	i .		elated business revenue from Part VIII, column (C), I	ine 12 .			7a		0
			ated business taxable income from Form 990-T, line				7b		0
						Prior Ye	ar .	Current Ye	ar
	8 C	Contribut	ions and grants (Part VIII, line 1h)		🗀		441607	<del></del>	321377
Revenue			service revenue (Part VIII, line 2g)				0		0
Ķ	l .	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)				54		28
æ	ł .		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a				-15115	·····	-21392
	1		nue—add lines 8 through 11 (must equal Part <del>VIII, c</del> o				426546		300013
			d similar amounts paid (Part IX, popul) (A) Visad		10 12)		0		000010
			paid to or for members (Part IX, column (A), line 4)	700 · ·	· ·		- 0		
			ther compensation, employed energy (Part X; 2018)	in Allines	5-10)		156484		188227
Expenses	16a P	Professio	nal fundraising fees (Part IX) clumn (A), Tine 11e)		) — (°''		130101		0
ĕ			traising expenses (Part IX, cplumn (D), line 25)	، العملية	31109		<u>*</u>	<del> </del>	<del></del>
Ä			enses (Part IX, column (A), lines 1 GGID File 240	<u> </u>	-		111507	<del></del>	124403
			enses. Add lines 13–17 (must equal Part IX, column	 (Δ) line 25	' ⊢		267991		312630
	1	-		(A), iiiie 20	' ·		158555		-12617
		revenue	ess expenses. Subtract line 18 from line 12	• • • •	· · · Ber	inning of Cur		End of Yea	
Net Assets or Fund Balances	ac -	د امامه	ote (Dort V. line 15)		150	,	229926		220173
Bala	20 T		ets (Part X, line 16)		•••⊢		5834	<del></del>	8698
at A	21 T		lities (Part X, line 26)		· ·		224092		211475
			s or fund balances. Subtract line 21 from line 20	<del></del>	· •	<del></del>	224092		2114/3
	art II		ure Block						
Und	der penaltie	es of perjui	y, I declare that I have examined this return, including accompany ite Declaration of preparer (other than officer) is based on all infor	ying schedules mation of which	and stateme ch preparer ha	nts, and to th as anv knowle	e best of n edge.	ny knowledge and	Deller, it is
	1	<b>\</b>	40			· · · · · · · · · · · · · · · · · · ·			
e:-		3	that .			L Dat			
Sig	1	Signa	The of officer	1	n		- 5-10.1		
He	re	ے۔	YNTHIA ADAIR, EXECUTIVE	PRECTO	<u>/</u>	<u> </u>	<u> </u>	<u> </u>	
		<u> </u>	or/print name and title		Date			PTIN	
Pa	id	Print/Typ	e preparer's name Preparer's signature		Date		Check [	_] # [	
	eparer					<del></del>	self-emp	lioyea	<del></del>
	e Only	Firm's n	ıme ▶			Firm	's EIN ▶		
	-	Firm's a				Phor	ne no.		<del></del>
Ma	y the IRS	discuss	this return with the preparer shown above? (see in	structions)				Yes	No No

For Paperwork Reduction Act Notice, see the separate instructions.





Part			
1	Briefly describe the organization's mission:		٠
•	Providing compassionate support by empowering those at risk for or impacted by an unpla	anned pregancy through n	regnancy tests
	ultrasound scans, prenatal and infant care programs and abortion recovery program.	I med pregamey unough p	regriditely tests,
	dilasound scars, prevater and man care programs and abortion recovery program.		
	***************************************		
2	Did the organization undertake any significant program services during the year which	were not listed on the	
-	prior Form 990 or 990-EZ?		☑ Yes ☐ No
	If "Yes," describe these new services on Schedule O.		□ 163 □ 140
3	Did the organization cease conducting, or make significant changes in how it or	anducte any program	
3	Services?		☐ Yes 🖾 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three la	raest program services	as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the arr		
	the total expenses, and revenue, if any, for each program service reported.	journ or grains and alloc	dions to others,
	the total expenses, and forende, if any, for each program corries reported.		
4-	/O. J	0 \ /D	0.)
4a	(Code: ) (Expenses \$ 88167 including grants of \$	1	
	Pregnancy Testing Services		·
	***************************************		
	***************************************	 	
	***************************************	 	
	***************************************		
	-,		
	*		
	~		
4b	(Code:) (Expenses \$ 73472 including grants of \$	0 ) (Revenue \$	0)
	Ultrasound Scanning		
	***************************************		
	*		
	***************************************		
	~		
4c	(Code:) (Expenses \$ 48282 including grants of \$	0 ) (Revenue \$	0)
	Prenatal & Parenting Programs		
	*		
	***************************************		
	***************************************		
	***************************************		
	***************************************		
4d	Other program services (Describe in Schedule O.) MOBILE UNIT		
	(Expenses \$ 31413 including grants of \$ 0 ) (Revenue \$	0)	
4e	Total program service expenses ▶ 241334	<u> </u>	

Form 9	90 (2016) LIFE LINE PREGNANCY CENTER #58-1634141			Page 3
Part	IV Checklist of Required Schedules			1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	V	
4	candidates for public office? If "Yes," complete Schedule C, Part I	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	る。		等 私 私
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>V</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	116		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		4
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		/
		Forr	n 990	(2016)

Part	Checklist of Required Schedules (continued)			
		<del></del>	Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	,	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		V
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			١.
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			1
00		22		
23	Did the organization answer "Yes" to Part VII, Section A, Ilne 3, 4, or 5 about dompensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	ļ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			١.
	through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			,
	to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>"</b>
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?			Ι,
	If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		<del> </del>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			/
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	4.700		
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	12.00	43,72	35,73
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		4
-	Schedule L, Part IV	28b		√
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	]	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		J
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_√
31	Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		l	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		✓
	complete Schedule N, Part II	32	ı	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J2		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
05-	or IV, and Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.			/
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		•
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ļ	,
	Part VI	37		J
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		<del>,  </del>	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		Form	990	(2016)

·	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		後冕"	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			98
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	200	꽳	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a	V 10.	¥ ,,,
þ	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		2000	1.600
_	(FBAR).	经	199	N, M
5a	The state of the s	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
C	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 the			,
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		- 1	
7	gifts were not tax deductible?	6b	(8),4667	Laver face
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	9.69	Frankla
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	400	RANK P	- SE 114
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	*******	y-( 1960-19
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		S	S, S
	sponsoring organization have excess business holdings at any time during the year?	8		VIL
9	Sponsoring organizations maintaining donor advised funds.		<b>1</b>	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	* 3		900 S
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		35.75 m	
11	Section 501(c)(12) organizations. Enter:	2000年 2000年		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		10 M	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	725 Space	.स्टाहर
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			<b>经验</b>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100 M	读数	3331
а	is the organization licensed to issue qualified health plans in more than one state?	13a	3234	SEE SEE
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			經
IJ	the organization is licensed to issue qualified health plans			遊遊
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	72.00 per !	50 2 4
b b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	11 100, the tribe of eith the to legal tribes politicines in the provide on experience in comedia of		990	(2016)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
		25 Y 35 C	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing bodyl or	222	PAGE Fores	
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>国籍</b>	E S	
L		2000年		2
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Lab Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	-3452	Ź
3	Did the organization delegate control over management duties customarily performed by or under the direct			١.
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	ļ	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	6	-	<del>                                     </del>
6 7a	Did the organization have members or stockholders?	-		\ <u>\</u>
10	one or more members of the governing body?	7a		J
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	, a	-	<del>  `</del>
	stockholders, or persons other than the governing body?	7b		<b>V</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	E. 10. 1	6.34	
	the year by the following:			
a	The governing body?	8a	1	-"
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>V</b>
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	ــــــــــــــــــــــــــــــــــــــ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>                                     </b>	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>-</b>	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	,	
13	Did the organization have a written whistleblower policy?	13	1	<del></del>
14	Did the organization have a written document retention and destruction policy?	14	<b>y</b>	
15	Did the process for determining compensation of the following persons include a review and approval by	- SEE		E.A.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	J	
b	Other officers or key employees of the organization	15b	$\checkmark$	
40	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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<b>注</b> 對
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	學者		
	organization's exempt status with respect to such arrangements?	16b	- //-	
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(i	c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	<b>&gt;</b>	

Form 990 (2016) LIFE LINE PREGNANCE	cy CE.	NTE	R			# 5	58	°-163414	:1	Page <b>7</b>
Part VII Compensation of Officers, Dir	ectors, Ti	ruste	es,	Ke	y E	mpl	oye	es, Highest	Compensated	Employees, and
Independent Contractors										
. Check if Schedule O contains a re	esponse or	note	to a	any	line	e in ti	nis I	Part VII		<u> </u>
Section A. Officers, Directors, Trustees, Key										
la Complete this table for all persons required	d to be list	ed. R	еро	ort c	com	pens	atio	n for the cale	ndar year endin	g with or within the
organization's tax year.										
• List all of the organization's current office	rs, directo	rs, tru	ste	es (	whe	ether	indi	viduals or orga	anizations), rega	rdless of amount of
compensation. Enter -0- in columns (D), (E), and	(F) if no co	mpen	sati	ion	was	paid	١.			
• List all of the organization's current key em	nployees, if	any.	See	ins	truc	tions	for	definition of "k	key employee."	
• List the organization's five current highes	t compens	ated	emp	oloy	ees	(oth	er ti	han an officer,	director, trusted	e, or key employee)
who received reportable compensation (Box 5	of Form \	N-2 a	nd/	or I	Вох	7 of	Fo	rm 1099-MISC	c) of more than	\$100,000 from the
organization and any related organizations.										
List all of the organization's former office									mployees who	received more than
\$100,000 of reportable compensation from the c	_					-				
• List all of the organization's former direct										tor or trustee of the
organization, more than \$10,000 of reportable co	-				-			~	•	
ist persons in the following order: individu		s or	dire	ecto	rs;	insti	tutio	onal trustees;	officers; key	employees; highest
compensated employees; and former such person										
Check this box if neither the organization nor	any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, directo	r, or trustee.
				-	<b>&gt;</b> )					
(A)	(B)	(do no		Pos eck		than o	one	(D)	(E)	(F)
Name and Title	Average	box, ι	ınles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any	<del></del>				or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	호호	TE I	Officer	(ey	ang d	Former	the	organizations	compensation
	related organizations	rect du		ğ	emp	est o	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	Individual trustee or director	Institutional trustee		Key employee	e so				and related
	line)	ste	ırısı		8	pens				organizations
			ee			Highest compensated employee				
										· · · · · · · · · · · · · · · · · · ·
(1) Cynthia Adair	40									
Executive Director			ı	1				55034	o	O
(2) Antonio Wellinton	6			Ť						
President				1						
(3) Fred Wells	3									
Vice-President			i	1						
(4) Claire Efird	3							,		
Secretary			- 1	1						
(5) Rick Graves	6		$\neg$							
Treasurer		İ	- 1	<b>✓</b>						
(6) Kim Wılliamson	3									
Member										
(7) Kim Joyner	3									
Member										
(8)										
(9)										
10)										
11)			1							

(13)

Par	Section A. Officers, Directors, Trus	tees, Key E	mplo	yee			lighe	st C	ompensate	d E	mployees (conti	inued)
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than of the thick the thic	n an	(D) Reportable	4	(E)  Reportable compensation from	(F) Estimated amount of
		week (list any hours for related lorganizations below dotted line)	Individua or directo		Officer	Key employee	Highest compensated employee	Former	from the organizatio (W-2/1099-MI	h	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)												
(16)												
(17)						;						
(18)							1					
(19)						<del></del> ,						
(20)									1	-		
(21)												
(22)												
(23)										_		
(24)												
(25)						-						
1b c	Sub-total	VII, Section		_				<b>&gt;</b>	550	34	0	
<u>d</u>	Total (add lines 1b and 1c)							) w	550 ho received	<b>↓</b>	0 ore than \$100 00	<u> </u>
	reportable compensation from the organi								NO			·
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch i	indi	vidu	al .					3 1
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co If "Yes," c	mper omple	nsat ete 3	ion S <i>ch</i>	fron edu	n any le J fo	uni or si	related orga uch person	niz	ation or individu	al 5 🗸
Section	n B. Independent Contractors											
1	Complete this table for your five highest of compensation from the organization. Rep year.	compensate ort comper	ed ind nsatio	lepe n fo	nde or th	ent d e ca	contra ilenda	acto ar y	ors that rece ear ending v	ve vith	d more than \$10 n or within the o	00,000 of rganization's tax
	(A) Name and business addr	ess			•				(B) Description o	f se	rvices	(C) Compensation
NONE												
2	Total number of independent contractor	s (includin	g but	t no	ot li	mite	d to	tho	ose listed a	bo	ve) who	, , , , , ,
·	received more than \$100,000 of compensa								NONE		1000	Form <b>990</b> (2016)
										1		rorm <b>33U</b> (2016)

Total revenue   Palasted or   Understand   Palasted   P			Check if Schedule O contains a	response or note to	anv line in this	Part VIII		п
Business Code	, ,	,			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
Business Code	nts nts	1a	· · · · · · · · · · · · · · · · · · ·			•		
Business Code	Gra	b	·					
Business Code	Es,	С						
Business Code	Gif	d		<del></del>		•		
Business Code	ξ. Έ	е		1e				
Business Code	ibutio	f		1f 178480		2		
Business Code	들이	9						
2		h	Total. Add lines 1a-1f		321377			
3   Investment income (including dividends, interest, and other similar amounts)   28   28   28   28   3   3   4   Income from investment of tax-exempt bond proceeds   0   0   0   0   0   0   0   0   0	ž			Business Code				
3   Investment income (including dividends, interest, and other similar amounts)   28   28   28   28   3   3   4   Income from investment of tax-exempt bond proceeds   0   0   0   0   0   0   0   0   0	eve	2a				· · · · · · · · · · · · · · · · · · ·		
3   Investment income (including dividends, interest, and other similar amounts)   28   28   28   28   3   3   4   Income from investment of tax-exempt bond proceeds   0   0   0   0   0   0   0   0   0	ě	b	***************************************					
3   Investment income (including dividends, interest, and other similar amounts)   28   28   28   28   3   3   4   Income from investment of tax-exempt bond proceeds   0   0   0   0   0   0   0   0   0	Zi.	_				<del></del>	ļ	
3   Investment income (including dividends, interest, and other similar amounts)   28   28   28   28   3   3   4   Income from investment of tax-exempt bond proceeds   0   0   0   0   0   0   0   0   0	နှ						-	
3   Investment income (including dividends, interest, and other similar amounts)   28   28   28   28   3   3   4   Income from investment of tax-exempt bond proceeds   0   0   0   0   0   0   0   0   0	ᄪ							
3   Investment income (including dividends, interest, and other similar amounts)   28   28   28   28   3   3   4   Income from investment of tax-exempt bond proceeds   0   0   0   0   0   0   0   0   0	<u> </u>						<u> </u>	<u> </u>
and other similar amounts)			Investment income (including of	lividends interest	· · ·			<u> </u>
4   Income from investment of tax-exempt bond proceeds   5   Royalties		U			28			28
Form		4		L		······································		
(i)   Personal   (ii)   Personal   (iii)   Personal   Personal   Personal   (iii)   Personal    ļ			' ' H			<u> </u>		
Description	\	•	(i) Real	(ii) Personal				Ĭ
Description	i	6a	Gross rents				Ì	- [
The state of the	1	_	<del> </del>		`			}
Net rental income or (loss)	ı	C	•			•		
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including \$ 142897 of contributions reported on line 1c). See Part IV, line 18 a 9288 b Less: direct expenses b 30680 c Net income or (loss) from fundraising events See Part IV, line 19 a b Less: direct expenses b 30680 c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b C Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b C All other revenue e Total. Add lines 11a-11d  D 0  12a Total revenue. See instructions.  1 a 0  1 b 0  1 c Total revenue. See instructions.	Ì	d			0			
b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) .  d Net gain or (loss) .  5 See Part IV, line 18 a 9288 b 10		7a	Gross amount from sales of (i) Securities	s (ii) Other				'
and sales expenses .  C Gain or (loss) .  d Net income or (loss) from fundraising events .  D Less: direct expenses .  D See Part IV, line 18 .  D Less: direct expenses .  D C Net income or (loss) from fundraising events .  D See Part IV, line 19 .  D Net income or (loss) from gaming activities.  See Part IV, line 19 .  D Net income or (loss) from gaming activities .  D C Net income or (loss) from gaming activities .  D C Net income or (loss) from gaming activities .  D O D O O O O O O O O O O O O O O O O	l		_ <u> </u>				Į.	
C   Gain or (loss)		b	f f			-		
d Net gain or (loss)	ì	_	` <del> </del>			• •		
8a Gross income from fundraising events (not including \$ 142897 of contributions reported on line 1c). See Part IV, line 18		-			0			· · · · · · · · · · · · · · · · ·
C Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses . b  C Net income or (loss) from gaming activities .   O Net income or (loss) from gaming activities .   D O O O O O O O O O O O O O O O O O O	Ì	•	14et gain of (1033)		, 1	1		
C Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses . b  C Net income or (loss) from gaming activities .   O Net income or (loss) from gaming activities .   D O O O O O O O O O O O O O O O O O O	e l	8a	Gross income from fundraising		}			
C Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses . b  C Net income or (loss) from gaming activities .   O Net income or (loss) from gaming activities .   D O O O O O O O O O O O O O O O O O O	e		<del></del>	, [			ļ	
C Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses . b  C Net income or (loss) from gaming activities .   O Net income or (loss) from gaming activities .   D O O O O O O O O O O O O O O O O O O	è.		of contributions reported on line 1c)	.				
C Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses . b  C Net income or (loss) from gaming activities .   O Net income or (loss) from gaming activities .   D O O O O O O O O O O O O O O O O O O	- e		See Part IV, line 18	a 9288		v .		ļ
C Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses . b  C Net income or (loss) from gaming activities .   O Net income or (loss) from gaming activities .   D O O O O O O O O O O O O O O O O O O	₹	b	Less: direct expenses	b 30680				
See Part IV, line 19	١	C	Net income or (loss) from fundrais	sing events . ►	-21392			-21392
b Less: direct expenses . b		9a	• •		,	•		
C Net income or (loss) from gaming activities . ▶ 0 0 0  10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory . ▶ 0 0 0  Miscellaneous Revenue Business Code 11a  b				a				
10a Gross sales of inventory, less returns and allowances	1	b						
returns and allowances		-			0	<del></del>		<u> </u>
C Net income or (loss) from sales of inventory . ▶ 0 0  Miscellaneous Revenue Business Code   11a  b		Tua		1 1	,	1		
C Net income or (loss) from sales of inventory . ▶ 0 0  Miscellaneous Revenue Business Code   11a  b	ļ	b	Less: cost of goods sold	b				
11a		С		inventory >	0			0
b	Ì		Miscellaneous Revenue	Business Code				
c       d       All other revenue	Ì	11a						
d All other revenue		b						
e Total. Add lines 11a-11d ▶ 0		C						
12 Total revenue. See instructions		d						
TE TOTAL TOTAL COO MISTRACIONE		_					<b> </b>	24004
		12	Total revenue. See instructions.	🟲	300013		<u> </u>	

Part IX	Statement	of Functional	Expenses
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Secti	on 501(c)(3) and 501(c)(4) organizations must com			must complete colu	mn (A). ·
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		, 🔲
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	o			•
2	Grants and other assistance to domestic individuals. See Part IV, Ilne 22	0			
3	Grants and other assistance to foreign				· · · · · · · · · · · · · · · · · · ·
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	.0			,
5	Compensation of current officers, directors, trustees, and key employees	55034	27517	11007	16510
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	;o			
7	Other salaries and wages	111323	94624	15585	1114
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5549	4162	555	832
10	Payroll taxes	16321	11914	2612	1795
11	Fees for services (non-employees):	1			
a	Management			ļ	
b	Legal	4000		4000	
C C	Accounting	1800		1800	
d	Lobbying			,	·····························
e f	Investment management fees		<del></del>	<del>                                     </del>	<del> </del>
g	Other. (If line 11g amount exceeds 10% of line 25, column		·	<del> </del>	
•	(A) amount, list line 11g expenses on Schedule O.)		<u> </u>		
12	Advertising and promotion	24364	16552	<del>                                     </del>	7812
13	Office expenses	12278	9454	2087	737
14	Information technology				
15	Royalties				
16	Occupancy	38476	29626	6541	2309
17	Travel	70	70		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3711	3711		· · · · · · · · · · · · · · · · · · ·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	4349	4349		
24	Other expenses. Itemize expenses not covered	¥ .	^		-
	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.)	1			
а	CLIENT SERVICES	6563	CEC 2	<del> </del>	
b	MOBILE UNIT	31413	6563 31413		
c	ASSOCIATION DUES	1330	1330	<u> </u>	
d	VOLUNTEER TRAINING	49	49	<del> </del>	
e	All other expenses			<del>                                     </del>	
25	Total functional expenses. Add lines 1 through 24e	312630	241334	40187	31109
26	Joint costs. Complete this line only if the			<del> </del>	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here   if	1	}		
	following SOP 98-2 (ASC 958-720)	3200	1600		1600
			···-		Form <b>990</b> (2016)

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Form **990** (2016)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . Savings and temporary cash investments . . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 instructions). Complete Part II of Schedule L . . . . . . . . . . Inventories for sale or use . . . . . . . Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation . . . . 10b 165000 10c Investments—other securities. See Part IV, line 11 . . . . . . . . Investments—program-related. See Part IV, line 11 . . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances . . .

Page <b>12</b>
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						-0
Par						
	Check if Schedule O contains a response or note to any line in this Part XI .			<i>.</i> :		
1	Total revenue (must equal Part VIII, column (A), line 12)		1		3(	90013
2	Total expenses (must equal Part IX, column (A), line 25)		2		3	12630
3	Revenue less expenses. Subtract line 2 from line 1		3		•	12617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		2	24092
5	Net unrealized gains (losses) on investments		5			0
6	Donated services and use of facilities		6			0
7	Investment expenses		7			0
8	Prior period adjustments		8			0
9	Other changes in net assets or fund balances (explain in Schedule O)		9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Pa					
	33, column (B))		10		2'	11475
Part	XII Financial Statements and Reporting					
_,	Check if Schedule O contains a response or note to any line in this Part XII .					
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	<u>.</u>		-		
	If the organization changed its method of accounting from a prior year or checked	"Other," exp	olain i	n		}
	Schedule O.					. ;
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent ac					<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year	were comp	iled o	r		
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					_ '_1
b	Were the organization's financial statements audited by an independent accountant?			. 2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year	were audite	d on a	a		-
	separate basis, consolidated basis, or both:			1		
	☐ 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 respon					
	of the audit, review, or compilation of its financial statements and selection of an indeper					
	If the organization changed either its oversight process or selection process during the	tax year, exp	olain ir	ו ו		1
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or at	idits as set f	orth ir	ו ו		
	the Single Audit Act and OMB Circular A-133?			3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization of					
	required audit or audits, explain why in Schedule O and describe any steps taken to und	ergo such au	dits.	3b		
		<u></u>		Forn	n <b>990</b>	(2016)
	i					

#### **SCHEDULE A** (Form 990 or 990-EZ)

## 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.

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

► Attach to Form 990 or Form 990-EZ.

2016 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number LIFELINE PREGNANCY CENTER 58-1634141 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/21% 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. C its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (lv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) Instructions) instructions) Yes No (A) (B) (C) (D)

(E)

18

					1		
Part							
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under							
	Part III. If the organization fails to	o qualify unde	or the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	···	<u> </u>				
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						4440000
	include any "unusual grants.")	220350	323112	268377	299546	330665	1442050
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf					ا	•
3	The value of services or facilities	<u>_</u>	U	0			
٠	furnished by a governmental unit to the						
	organization without charge	0	0	0		o	0
4	Total. Add lines 1 through 3	220350	323112	268377	299546	330665	1442050
5	The portion of total contributions by				,	,	
	each person (other than a	,	4	,			
	governmental unit or publicly		•	,		·	
	supported organization) included on line 1 that exceeds 2% of the amount		t g				
	shown on line 11, column (f)		at				220591
6	Public support. Subtract line 5 from line 4		<del></del>	,	<del> </del>		1221459
	on B. Total Support	<u> </u>					
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	220350	323112		299546	<del> </del>	1442050
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
•	sources	76	48	37	54	28	243
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on	o	0	o	0	o	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	1					1442293
12	Gross receipts from related activities, etc.	•	•			12	0
13	First five years. If the Form 990 is for the				. 1		* * * * *
D = =41	organization, check this box and stop he				<u> </u>	<del></del>	· · • 📙
	on C. Computation of Public Suppor	<del></del>		d(0)		441	0F 0/
14 15	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch		•	i, column (i))		14	85 % 84 %
16a	331/3% support test—2016. If the organi				nd line 14 is 33		
	box and stop here. The organization qual				l l		
b	331/3% support test-2015. If the organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	
	this box and $\ensuremath{\text{stop}}$ here. The organization	qualifies as a p	publicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	tacts-and-circu	ımstances" te	st. The organiz	zation qualifies	as a publicly	supported
	organization						· · • 🗗 📋
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r						
	announced association	1001	- and onounis		o prydriizatii	quannes as	a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### **SCHEDULE G** (Form 990 or 990-EZ) Department of the Treasury

**Supplemental Information Regarding Fundralsing 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.

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	of the organization	oout Schedule G (FC	3111 000 01 00	O-LL) and its	monucuons is at ww			inspection
	LINE PREGNANCY CENTER					Em		cation number -1634141
	t I Fundraising Activities.	Complete if th	e organiz	ation answ	vered "Ves" on	Form 90		
	Form 990-EZ filers are r				vereu 1es on	1 01111 33	o, raitiv,	mie i7.
1	Indicate whether the organization				owing activities. C	Check all	that apply.	
а	☐ Mail solicitations			_	ion of non-govern			
b	☐ Internet and email solicitatio	ns	f		on of governmen	•		
C	☐ Phone solicitations		g 🗹		fundraising event	_		
d	☐ In-person solicitations			•	J			
2a								
b	If "Yes," list the 10 highest paid	individuals or e	ntities (fund	draisers) pu	irsuant to agreen	nents und	der which th	
	compensated at least \$5,000 by	the organization	n.					
	(i) Name and address of individual or entity (fundralser)	(II) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(or rel	ount paid to tained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7						···		
8								
				<u></u>				
9								
10								
l Total		A		<b></b>		<del></del>		
3	List all states in which the organ registration or licensing.	nization is regist	tered or lic	ensed to s	olicit contribution	s or has	been notifie	ed it is exempt from
<b></b>								
							***************************************	

Ρ	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" on and gross income on	Form 99 Form 990	0, Part IV, line )-EZ, lines 1 a	e 18, or reported more and 6b. List events with
		9,000,000,000	(a) Event #1 DINNER - 2016 (event type)	(b) Event #2 DINNER - 2017 (event type)		ther events	(d) Total events (add col. (a) through col (c))
Revenue	1	Gross receipts	152185	,			
ш	2	Less: Contributions Gross income (line 1 minus	142897				
	3	line 2)	9288				<del></del>
	4	Cash prizes		ı			
	5	Noncash prizes					
suses	6	Rent/facility costs	2106	3766 - DEPOSIT			5872
Direct Expenses	7	Food and beverages	8105	3766 - DEPOSIT			11871
Direc	8	Entertainment	7905				7905
	9	Other direct expenses .	5032				5032
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		🕨	30680
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99	_	red "Yes" on Form 99	0, Part I	/, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Ot	her gaming	(d) Total gaming (add coi (a) through coi. (c))
-Re	1	Gross revenue					
ses	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
<del></del>	5	Other direct expenses .	□ Yes %	☐ Yes %		%	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes %	☐ Yes ☐ No	70	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d):	}	▶	
	8	Net gaming income summary	v. Subtract line 7 from li	ne 1, column (d)		▶	
	a Is		onduct gaming activities		?		Tyes No
10		ere any of the organization's ga	aming licenses revoked		ted durin	g the tax year?	? . 🗌 Yes 🗌 No
			·			Schedule	G (Form 990 or 990-EZ) 2018

#### **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.

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2016

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

LIFE LINE PREGNANCY CENTER	58-1634141			
Amended Part III: 4a. Expenses are \$88167 Instead of \$118111				
4b. Expenses are \$73472 Instead of \$98426				
4c. Expenses are \$ 48282 instead of \$64680				
The amounts reported on the original 2017 Form 990 were an allocation of "Total Functional Expense	es" in error This amended return			
correctly shows an allocation of "Total Program Services Expenses" as required by the form.				
Part III - 4d. LLPC acquired a recreational vehicle in 2015 and retrofit it into a mobile clinic capable of	providing ultrasound scans,			
prgnancy tests and counseling rooms. The vehicle began making trips to neoghboring small commun	ities in 2016.			
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