

Form **990****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)

OMB No. 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 2001 and ending 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization COMPASSION FREDERICK CENTER OF MARIETTA CITY INC
 Number and street for P.O. box if mail is not delivered to street address: 37520 GRATIOT
 City or town, state or country, and ZIP + 4: ALBANY TWP MI 48036

D Employer identification number 38 312795

E Telephone number 586 783-7620

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

G Web site: ▶

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes" enter number of affiliates: ▶
H(c) Are all affiliates included? ☐ Yes ☒ No
 If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

J Organization type (check only one) ▶ ☒ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

M Check ▶ ☐ If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	160,184	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ <u>127,411</u> noncash \$ <u>32,773</u>)	1d	160,184	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	150	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less: cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ <u>65,581</u> of contributions reported on line 1a)	9a	5950	
b	Less: direct expenses other than fundraising expenses	9b	14875	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	(5,925)	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	154404	
13	Program services (from line 44, column (B))	13	107508	
14	Management and general (from line 44, column (C))	14	37784	
15	Fundraising (from line 44, column (D))	15	16839	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 13 and 14, column (A))	17	162131	
18	Excess or deficit for the year (subtract line 17 from line 12)	18	(7727)	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	14634	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6312	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2001)

SCANNED APR 16 '03

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Form 990 (2001)

COMPASSION PREGNANCY CENTER OF MARQUETTE COUNTY, INC

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 8b, 8c, 9b, 10b or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 20,769	12,461	6,230	2,078
26 Other salaries and wages	26 22,936	16,220	8,110	2,706
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 5109	3,065	1,532	512
30 Professional fundraising fees	30			
31 Accounting fees	31 450	270	135	45
32 Legal fees	32			
33 Supplies	33 4278	179	2,190	1,909
34 Telephone	34 2769	1,661	831	277
35 Postage and shipping	35 3928	1,494	718	776
36 Occupancy	36 41767	25,060	12,530	4,177
37 Equipment rental and maintenance	37 2,589			2,539
38 Printing and publications	38 4600	3,509		1,091
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 4936	3,449	987	
43 Other expenses not covered above (summarize) a	43a			
b DIRECT. W. KIND EXP.	43b 31,760	31,760		
c VOLUNTEER	43c 108	65	37	11
d ADVERTISING	43d 796	796	-0-	-0-
e JUNE OTHER EXP. SMR	43e 12,146	7,019	4,409	718
44 Total functional expenses (add lines 22 through 43. Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 162,131	107,508	32,764	16,839

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No
If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
(iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____.**Part III** Statement of Program Service Accomplishments (See Specific Instructions on page 24)What is the organization's primary exempt purpose? PREGNANCY COUNSELING & SUPPORT

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a	COUNSELING FETAL DEVELOPMENT DELIVERY INFORMATION REFERRALS FOR SPECIAL NEEDS, ADOPTION AND PREGNANCY TESTING	(Grants and allocations \$)	43,003
b	CLOTHING AND FURNITURE MINISTRY: BABY CLOTHING, FURNITURE AND SUPPLIES PRIMARILY PROVIDED THROUGH THE KIND COOPERATION'S DISTRIBUTION AT NO CHARGE	(Grants and allocations \$)	38,702
c	POST-ABORTION COUNSELING AND ABSTINENCE EDUCATION AND SUPPORT FOR WOMEN DURING PREGNANCY	(Grants and allocations \$)	16,142
d	HOT LINE COUNSELING AND SUPPORT	(Grants and allocations \$)	9641
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		107,508

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Form 990 (2001) COMPASSION PREGNANCY CENTER OF MACOMB COUNTY, INC. 38-3130795 Page 3**Part IV** Balance Sheets (See Specific Instructions on page 24)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash—non-interest-bearing	9494	8166
	46 Savings and temporary cash investments		
	47a Accounts receivable	2400	
	47b Less: allowance for doubtful accounts	810	
	47c	1600	1590
	48a Pledges receivable		
	48b Less: allowance for doubtful accounts		
	48c	1005	1815
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		
	51a Other notes and loans receivable (attach schedule)		
	51b Less: allowance for doubtful accounts		
	51c		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	1871	2397
54 Investments—securities (attach schedule) ☐ Cost ☐ FMV			
55a Investments—land, buildings, and equipment: basis			
55b Less: accumulated depreciation (attach schedule)			
55c			
56 Investments—other (attach schedule)			
57a Land, buildings, and equipment: basis	29,601		
57b Less: accumulated depreciation (attach schedule)	22,619		
57c	11430	6482	
58 Other assets (describe: Deposits)	3015	3015	
59 Total assets (add lines 45 through 58) (must equal line 74)	28,420	23,965	
Liabilities	60 Accounts payable and accrued expenses	13146	16,671
	61 Grants payable		
	62 Deferred revenue	0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	
	64a Tax-exempt bond liabilities (attach schedule)		
	64b Mortgages and other notes payable (attach schedule)	1240	
	65 Other liabilities (describe:)		
66 Total liabilities (add lines 60 through 65)	14386	16,671	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	14034	6312
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	14034	6312
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	28,420	23,965

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2001) COMPASSION PREGNANCY CENTER OF MACOMB COUNTY, INC 39-330795 Page 4**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26.)

- a Total revenue, gains, and other support per audited financial statements . . . ▶
- b Amounts included on line a but not on line 12, Form 990:
- (1) Net unrealized gains on investments . . . \$
- (2) Donated services and use of facilities . . . \$
- (3) Recoveries of prior year grants . . . \$
- (4) Other (specify) . . . \$
- Add amounts on lines (1) through (4) ▶

- c Line a minus line b . . . ▶
- d Amounts included on line 12, Form 990 but not on line a:
- (1) Investment expenses not included on line 6b, Form 990 . . . \$
- (2) Other (specify) . . . \$
- Add amounts on lines (1) and (2) ▶
- e Total revenue per line 12, Form 990 (line c plus line d) . . . ▶

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

- a Total expenses and losses per audited financial statements . . . ▶
- b Amounts included on line a but not on line 17, Form 990:
- (1) Donated services and use of facilities . . . \$
- (2) Prior year adjustments reported on line 20, Form 990 . . . \$
- (3) Losses reported on line 20, Form 990 . . . \$
- (4) Other (specify) . . . \$
- Add amounts on lines (1) through (4) ▶

- c Line a minus line b . . . ▶
- d Amounts included on line 17, Form 990 but not on line a:
- (1) Investment expenses not included on line 6b, Form 990 . . . \$
- (2) Other (specify) . . . \$
- Add amounts on lines (1) and (2) ▶
- e Total expenses per line 17, Form 990 (line c plus line d) . . . ▶

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26.)

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employer benefit plans & deferred compensation	(E) Expense accounts and other allowances
JULIAN GABRIEL 127 LOIS LANE, MT CLEMENS, MI	EXEC DIR. 40+	20,769	0	0
JOHN JAMBASKA 9229 MEISNER, CASCO MI 48007	PRESIDENT 5	0	0	0
KAREN RUSSELL 56 MADROS, MT CLEMENS, MI 48063	VIC PRES. 6	0	0	0
JACQUELINE FIGIEL 27075 S. RIVER RD HARRISBURG MI	TREASURER 2	0	0	0
MARIANNE WEISS 11151 JONATHAN LN, Romeo MI 48065	SECRETARY 3	0	0	0
REV DAN RHODES 430 CLAY, ALBION MI 48001	DIRECTOR 1	0	0	0
MARIO SANTIA 19247 ROCKFORD, ROSEVILLE MI 48068	DIRECTOR 2	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule—see Specific Instructions on page 27

Form 990 (2001) **COMPASSION PREGNANCY CENTER OF MALDEN, CANTY, INC.** 38-3130795 page 5

Part VII Other Information (See Specific Instructions on page 27)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If "Yes," has it filed a tax return on Form 990-T for this year?		X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b If "Yes," enter the name of the organization		
81a Enter direct or indirect political expenditures. See line 81 instructions		
b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?		X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 501(c)(4), (5) or (6) organizations: a Were substantially all dues nondeductible by members?		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members		
d Section 162(e) lobbying and political expenditures		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
b Gross receipts, included on line 12, for public use of club facilities		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a 501(c)(3) organizations: Enter: Amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955		
b 501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction.		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	0	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	0	
90a List the states with which a copy of this return is filed		
b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)		
91 The books are in care of: SUSAN GALTNER Telephone no. () Located at: 37520 GANTT ST SUITE 100 CLINTON TWP MI 48111 ZIP + 4 48111		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		

Form 990 (2001)

Compassion Pregnancy Center of Macomb County Inc. 38-330795 Page 6

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a VOLUNTEER TRAINING FEES					150
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events				01 (5925)	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				(5925)	150
105 Total (add line 104, columns (B), (D), and (E))					(5775)

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	NOMINAL FEES CHARGED TO VOLUNTEERS TO OFFSET COST OF PROVIDING TRAINING MATERIALS. VOLUNTEERS ARE AN ESSENTIAL RESOURCE FOR CARRYING ON THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (a), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: Jacqueline S. Figiel Date: 3-19-03

Type or print name and title: JACQUELINE S. FIGIEL, TREASURER

Preparer's Name: [REDACTED] Date: 3/1/03 Check if self-employed: ☒ Preparer's SSN or PTIN (See Gen. Instr. W): 370-76-2120

Address: 202 Park Ave, M 48237 EIN: [REDACTED] Phone no.: 248 542-2707

SCHEDULE A
(Form 990 or 990-E)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(c)(3), 501(c)(4), 501(c)(6), 501(c)(29), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization:

Employer identification number

COMPASSION PREGNANCY CENTER OF MACUMBIZ COUNTY, INC. 38-3130795

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

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Schedule A (Form 990 or 990-EZ) 2001

COMPASSION PREGNANCY CENTER OF MARION COUNTY, INC.

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Part III Statements About Activities (See page 2 of the instructions)

- 1 During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities **1** (Must equal amounts on line 38, Part VI-A or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property

b Lending of money or other extension of credit

c Furnishing of goods, services, or facilities

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

- 4 Do you have a section 403(b) annuity plan for your employees?

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is. (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iv)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(v). Enter the hospital's name, city, and state **1**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vii). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(viii). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6). If they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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Schedule A (Form 990 or 990-EZ) 2001 COMPASSION PREGNANCY CENTER OF MICHIGAN COUNTY, INC. Page 3**Part IVA** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
18 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	203,87	186,650	122,945	69,361	
19 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	-0-	-0-	745	383	1128
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	-0-	133	599	1001	1733
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	203,87	186,983	123,289	70,745	585,084
24 Line 23 minus line 17	203,87	186,983	123,544	70,362	584,076
25 Enter 1% of line 23	2,032	1,870	1,243	707	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					11,681
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					584,076
d Add: Amounts from column (e) for lines: 18 1733 19					1733
22 26b					
e Public support (line 26c minus line 26d total)					582,343
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.7 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11 as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Schedule A (Form 990 or 990-EZ) 2001

Page 4

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	☒	☒
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?	☒	☒
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)	☒	☒
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	☒	☒
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	☒	☒
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?	☒	☒
d Copies of all material used by the organization or on its behalf to solicit contributions?	☒	☒
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	☒	☒
b Admissions policies?	☒	☒
c Employment of faculty or administrative staff?	☒	☒
d Scholarships or other financial assistance?	☒	☒
e Educational policies?	☒	☒
f Use of facilities?	☒	☒
g Athletic programs?	☒	☒
h Other extracurricular activities?	☒	☒
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	☒	☒
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	☒	☒
35 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	☒	☒

Schedule A (Form 990 or 990-EZ) 2001

Schedule A (Form 990 or 990-EZ) 2001

Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

 Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year for fiscal year beginning in ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2001

Compassion Pregnancy Center of Macomb County, Inc. 38-3130795

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Annual Banquet	62,109	53,859	8,250	11,740	(3,490)
Golf Marathon	12,422	11,722	700	3,135	(2,435)
Total	74,531	65,581	8,950	14,875	(5,925)

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other Expenses	Total	Program Services	Management and General	Fundraising
Client services	1,409	1,409		
Dues and Licenses	900		900	
Recruiting Expenses	83		83	
Training	849	849		
Maintenance	1,045		1,045	
Insurance	1,270	781	381	128
Utilities	5,897	3,538	1,789	590
Miscellaneous	692	481	231	
Totals	12,145	7,019	4,409	718

**Compassion Pregnancy Center of Macomb County, Inc.
38-3130795**

Attachment to 2001 Form 990

Page 2, Part II, Line 42, Depreciation, Depletion, etc.

Page 3, Part IV, Line 57, Accumulated Depreciation

Fixed assets are recorded at cost when purchased and at estimated fair market value when donated. Depreciation is provided on a straight line basis over the estimated useful lives (5 to 7 years) of the assets. Costs of maintenance and repairs are charged to expense when incurred.

Description	Cost or Basis at 12/31/01	Life (Years)	Accumulated Depreciation @ 12/31/00	Depreciation Expense 2001	Accumulated Depreciation @ 12/31/01
Leasehold Improvements	4,208	5	2,324	841	3,165
Office Equipment	6,828	5-7	3,728	1,019	4,745
Furniture and Fixtures	13,163	5-7	8,716	1,994	10,710
Computer Hardware & Software	5,158	5	2,878	1,031	3,909
Program Assets	250	7	39	50	89
Totals	29,601		17,683	4,936	22,619

Page 2, Part III, Organization's Primary Exempt Purpose

The organization was formed to provide counseling and support services to pregnant women, including pre-natal care and delivery information, adoption alternatives, crisis hotline access, abstinence education and to help assist in providing for initial and/or emergency infant clothing and supply care needs