## Form 990-EZ

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

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

2017

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A Fo	r the 2	2017 calend	ar year, or tax year beginning January 1 , 2017, and ending		muer 51	, 20		
_		applicable C Name of organization						
Ad	dress ch	change Raimortal Crisis Pregnancy Center 330431808  Number and street (or P.O. box, if must be not delivered to street address)  Floom/suite E Telephone number						
_ Na	me chan	ាដូច	E Telebii	760-789-7059				
	tial return		1530 Main St 6					
_	With the street desired of the property of					oup Exemption		
-		t punding		ber 🕨				
-	Access to a server	ng Method	7 Cash ☐ Accrual Other (specify) ➤ H			organization is not		
	ebuite	> www	FriendsOfRPCC.org			Schedule B		
J Ta	t-40000	opt status (ch	eck only one) — 🕖 501(c)(3) 🔲 501(c) ( ) ◀ (neert no.) 🛄 4847(a)(1) or 🔲 527	(Form 99	0, 990-EZ	or 990-PF).		
V E		occupiention	Z Composition Trust Association Other					
A	Let Henry	of the Res install	7h to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or it too	ateann is				
Part	IL col	umn (Fö belo	wi are \$500,000 or more, file Form 990 instead of Form 990-EZ	m ( +	5	189501		
_	rt I	Revent	e. Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions for	Part I)		
		Check i	f the organization used Schedule O to respond to any question in this Part	F		To the same of the		
7	1	Contributi	ons, gifts, grants, and similar amounts received		1	182090		
- 1	2	Program	service revenue including government fees and contracts		2			
- 1	3		hip dues and assessments	0.00	3			
	4	Investmen			4			
- 1	-		ount from sale of assets other than inventory					
- 1	5n		t or other basis and sales expenses					
- 1	b	Coin or (v	oss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
- 1	C	Gaming a	(3//50)	000				
- 1	6	Cross in						
ø	a		come from gaming (attach Schedule G if greater than					
즱			ome from fundraising events (not including \$ of contribution)	ns				
Revenue	ь	from tune	traising events reported on line 1) (attach Schedule G if the	1772				
ĕ		cum of si	uch gross income and contributions exceeds \$15,000) .	7410				
	72		ect expenses from gaming and fundraising events . 6c	14347				
	C	Less: uire	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and si	ubtract				
- 1	d		6d	-6837				
		line Sc)	es of inventory less returns and allowances					
	713		os di littariot, i localitati di littario					
	Þ	Less: cos	offit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	0				8			
	8		renue (describe in Schedule O)		9	175253		
_	9	lotal rev	renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	77/	10			
Expenses	10			366	11			
	11		paid to or for members		12	78747		
	12	Salaries,	other compensation, and employee benefits	11 13	13	1103		
	13	Profession	onal fees and other payments to independent contractors		14	2754		
	14	Оссирал	cy, rent, utilities, and maintenance		15	8346		
	15	Printing,	publications, postage, and shipping		16	56020		
	16	Other ex	penses (describe in Schedule O)		17	171760		
_	17	Total ex	penses. Add lines 10 through 16		16	3487		
23	18	Excess	or (deficit) for the year (Subtract line 17 from line 9)	oo with	10	3701		
9	19	Net asse	ets or fund balances at beginning of year (from line 27, column (A)) (must agreer figure reported on prior year's return)	OG WILL	19	14413		
Net Assets					THE REAL PROPERTY.	14410		
<u>a</u>	20	Other ch	anges in net assets or fund balances (explain in Schedule O)		20	147618		
2	21	Net asse	ts or fund balances at end of year. Combine lines 18 through 20		21	14/010		

	110100000	!L'a ,a_ (OL_a_b, d	O to recover to un	woulded in this E	an II .	A 100	4 4 6 6
	Check if the organ	ization used Schedule	O to inshould to m	y quoditor in this	A) Beginning of year		(B) End of year
	The Control of the Co	for our for			144131	22	147618
22	Cash, savings, and inves	tments	NO. DE SE		0	23	
23	Land and buildings	Out-date (C)	TO BE 15 1		0	24	0
24	Other assets (describe in	Schedule ()	FOR FUR ASSESS	Or 400 555 1	144131	25	147618
25	Total assets	* * * * * * * * * * *	100 til 100 til 1	95 MM 58 🛊	- 0	26	0
26	Total liabilities (describe	e in Schedule U)	(D) mount names will	(line 21)	144101	1000	147618
27	Net assets or fund bala	gram Service Accom	of the must agree with	a instructions for P			
Part	Statement of Pro	igram Service Accom- nization used Schedule	O to record to #	w question in this	Part III		Expenses
	Check if the organ	nization used Scheoole	esciption topon and w	omen to have bneithy	iobies	(Flo	cuired for section
What	is the organization's prima	ary exempt purpose?	assuming viens and w		and and and		(c)(3) and 501(c)(4) anizations; optional for
as me	ibe the organization's pro easured by expenses. In ns benefited, and other re	a clear and concise n elevant information for e	nanner, describe the ach program title.	services provided	, the number of	om	ers.)
28	Pregnancy lests and crists on	surveiing provided to 113 to	eens and women from	the community			
						1	
			t includes foreign gr	wite oback horn		28	43000
	(Grants \$		i includes loveign gr	una, crieck riefe			
29	52 prenatal exams and limite	d scope OB ultrasounds	n				
						1	
		- LC 41 /	t includes foreign gr	neto elegale barn	100	29	83000
	(Grants \$				1	-	
30	1344 client visits for group ar	ndividual support service	es, classes and other c	ippointments			
		A MANAGEMENT	t includes foreign gr	note chack here	- FT	30	37000
	(Grants \$			HITE, COOLS, IMP	to the last	1	Carlo sala
31	Other program services (	describe in Schedule O	t includes foreign gr	ante, chack hara	▶ [7]	31	in .
	(Grants \$ Total program service e	) if this amoun	through 94a	anta, undun nord	- hart	3	
-	Total program service e	rectors, Trustees, and K	ou Employeen fligt nor	h one even if not com	personal — see the		
Par	Charled the cross	ectors, trustees, and re-	O to seemed to	The state of the s		SALIDAY.	grade and a second
_	Check if the orga	memich asea achean	io ( 1 to respond to i	my question in this	Part IV		
	(a) Name an		700	(c) Reportable	(d) Heath benefits	4	100
Anita	(-,		(b) Ave much hours per week devoted to position	iny question in this	(d) Heath bewells contributions to empli benefit plans, and	Tyuo (	e) Estimated amount of other compensation
Exec	Krisik		(b) Ave much hours per week devoted to position	(c) Reportable compensation (Forms W-2/1098-MSC (if not paid, enter -0-)	(d) Heath benefits contributions to empli benefit plans, and deferred component	nyoo (	e) Entirelied amount of other compensation
			(b) Average hours per week	(c) Reportable compensation (Forms W-2/1098-MSC	(d) Heath benefits contributions to empli benefit plans, and deferred component	Tyuo (	e) Entimated amount of
Beve	Krisik utive Director		(b) Ave much hours per week devoted to position	(c) Reportable compensation (Forms W-2/1098-MSC (if not paid, enter -0-)	(d) Heath benefits contributions to empli benefit plans, and deferred component	nyoo (	e) Entirelied amount of other compensation
	Krisik		(b) Ave much hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC (if not paid, eyiter -0-)	(d) Heath benefits contributions to empli benefit plans, and deferred component	nyoo (	e) Entirelied amount of other compensation
	Krisik utive Director rly Hubbard d Chair		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC (if not paid, eyiter -0-)	Part IV  00 Heath benefits confributions to emplo benefit plans, and ideferred component	nyoo (	e) Entimated errocut of other compensation 59202
Board	Krisik utive Director rly Hubbard d Chair		(b) Ave much hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC (if not paid, enter -0-)	Part IV  00 Heath benefits confributions to emplo benefit plans, and ideferred component	nyoo (	e) Entimated errocut of other compensation 59202
Board Mary Board	Krisik utive Director rly Hubbard I Chair Deal		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC (if not paid, enter -0-)	Part IV  00 Hearth benefits confributions to emple benefit plans, and deferred component	nyoo (	e) Entimated amount of other compensation 59202
Board Mary Board Saul	Krisik utive Director rly Hubbard d Chair Doul d Secretary/Tmassurer		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC (if not paid, eyier -0-)	Part IV  00 Hearth benefits confributions to emple benefit plans, and deferred component	nyoo (	e) Entimated errocut of other compensation 59202
Mary Board Saul Board	Krisik utive Director rly Hubbard I Chair Deal Secretary/Tmesurer Villagomez		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC (if not paid, eyier -0-)	Part IV  (d) Heath benefits contributions to ample to entire to entire deferred compensar	147 0	e) Entimated amount of other compensation 59202
Mary Bonn Saul Boan Mela	Krisik utive Director rly Hubbard d Chair Doul d Secretary/Imasum Villagomez d Member		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC (if not paid, eyier -0-)	Part IV  (d) Heath benefits contributions to ample to entire to entire deferred compensar	147 0	e) Entimated amount of other compensation 59202
Mary Bonn Saul Boan Mela	Krisik utive Director rly Hubbard d Chair  Doul d Secretary/Trassum Villagomez d Member nie MacPetrie		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC (if not paid, eyier -0-)	Part IV  60 Heath benefits conferbutions to emply benefit plans, and deferred component	447 0	e) Entimated amount of other compensation 59202
Mary Board Saul Board Mela	Krisik utive Director rly Hubbard d Chair  Doul d Secretary/Trassum Villagomez d Member nie MacPetrie		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC (if not paid, eyier -0-)	Part IV  60 Heath benefits conferbutions to emply benefit plans, and deferred component	447 0	e) Entimated amount of other compensation 59202
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Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part '	v .		
_			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		1	
	description of each activity in Schedule U	33		Ť	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	change on Schedule O (see instructions)	34		<b>√</b>	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-		
o	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	076		1	
ь 38а	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustile, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		1	
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		1		
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on the o			ш	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	SECTION 43   F			N.	
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		J	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	40c reimbursed by the organization				
0	transaction? If "Yes," complete Form 8886-T	40e			
41	List the states with which a copy of this return is filed ▶ California	700.7	00.70	50	
42a	The organization's books are in care of Ailia Risk	760-7		59	
	Located at ► 1530 Main St, Suite 6, Ramona, CA ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	92	2065	III as	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)	42b	Yes	s N	
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			l	
c		420	2		
4.5	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	800	0000		
43	and enter the amount of tax-exempt interest received or accrued during the tax year	-	Ve	s N	
4.4	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
4 <b>4</b> a	completed instead of Form 990-EZ	448	a	I	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	441	0		
	Did the organization receive any payments for indoor tanning services during the year?	440	3		
Č	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	1.	
	explanation in Schedule O	440	_		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45	a		
t	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," Form 990 and Schedule R may need to be completed instead of	-			
	Form 990-EZ (see instructions)	45	0		

46 D	Did the organization engage, directly or in	ndirectly, in political complete Schedule C.	ampaign activities on Part I	behalf of or	n oppositio	an 46		1	
art V	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the lables for lines 50 and 51.								
	Check if the organization used Sc	hedule O to respond	to any question in the	nis Part VI		54 55	I ve		
_						ov [	Yes	No	
17	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in eneci a	unng trie u	47		1	
y	year? If "Yes," complete Schedule C, Par	L II.	ing if "Vec " complete !	Schedule F		48		1	
48 I	Is the organization a school as described in	in section trolographic	aritable related organiz	zation?		49a		1	
49a Did the organization make any transfers to an exempt non-charitable related organ b If "Yes," was the related organization a section 527 organization?						49b			
	we let the text the except various five highest compensated employees (other than officers, directors, trustees, and ke								
	employees) who each received more that	n \$100,000 of compe	nsation from the organ	nization. If th	ere is none	e, enter T	vone.		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to benefit grans, a compan	and delerred	(e) Estimat other cor			
one									
********									
		-							
	Total number of other employees paid of		0	-		_			
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent of the compensation from the organization (b) Name and business address of each independent of the compensation from the organization (c)	panization. If there is r	none, enter "None."			Compense	_		
none									
								Т	
-		- Walley							
4	Total number of other independent con	tractors each receivin	g over \$100,000			0			
52	Did the organization complete Sche completed Schedule A	dule A? Note: All	section 501(c)(3) org		nust attacl	ha ▶☑ Ye	s [	No	
Under p	penalties of perjury, I declare that I have examined the cred, and complete. Declaration of preparer (other I	ls return, including accomp	anying schedules and stater	nents, and to the	a best of my k	nowledge a	nd belk	ef, It Is	
Sign	Signature of officer		Da	te					
Here	Anita Kriaik, Executive Director Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature		Date	Check _	if File	•		
Prep	parer			Ei-	setf-empk m's EIN ▶	uyed			
Use	Only Firm's name				one no				
May th	Firm's address ▶ he IRS discuss this return with the prepa	rer shown above? Se	e instructions	+ + + + +		PIY	es 🗆	No	
	Programme and the second secon					Form 9	990-E	<b>Z</b> (20	

## 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.

2017 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or 990-EZ.

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

Ramona Crisis Pregnancy Center	33-0431808
Pat 1, Line 16 Description of Other Expenses	
Advertising	
Office Supplies	
~ .	
1 ravel	
·····	·····
=0071U3H = 575 WWW.W.   1005   1114U1H   1   1114   120W   1114UH   1	