

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493321170600

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
WOMENS RESOURCE MEDICAL CENTERS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1701 W CHARLESTON BLVD STE 130

City or town, state or province, country, and ZIP or foreign postal code
LAS VEGAS, NV 89102

F Name and address of principal officer:
PASTOR GREGG SEYMOUR
2915 W CHARLESTON BLVD 1
LAS VEGAS, NV 89102

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
94-2944732

E Telephone number
(702) 366-1247

G Gross receipts \$ 1,811,125

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.WRMCSN.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1984

M State of legal domicile: NV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
WOMEN'S RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA EXISTS TO SAVE THE LIVES OF UNBORN CHILDREN BY SHARING THE LOVE OF JESUS CHRIST THROUGH SPIRITUAL, PHYSICAL, EMOTIONAL, AND EDUCATIONAL SUPPORT TO OUR CLIENTS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	8
4	8
5	24
6	340
7a	0
7b	

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,334,423	1,555,426
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-17,073	152
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	252	96,774
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,317,602	1,652,352

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	135,060	117,362
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	692,946	937,940
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶389,291		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	442,805	690,675
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,270,811	1,745,977
19 Revenue less expenses. Subtract line 18 from line 12	46,791	-93,625

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,260,667	1,036,498
21 Total liabilities (Part X, line 26)	266,877	136,333
22 Net assets or fund balances. Subtract line 21 from line 20	993,790	900,165

Part II Signature Block

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.

Sign Here

Signature of officer

2020-10-21
Date

PASTOR GREGG SEYMOUR PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-11-15

Check ☐ if self-employed

PTIN P00292787

Firm's name ▶ HOULDSWORTH RUSSO & COMPANY PC

Firm's EIN ▶ 88-0374623

Firm's address ▶ 8675 S EASTERN AVE STE A
LAS VEGAS, NV 891232839

Phone no. (702) 269-9992

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

ESTABLISHED AS A FAITH-BASED, CHARITABLE 501 (C) 3 ORGANIZATION IN 1984 AND OPENING TO RECEIVE CLIENTS IN 1985, THE WOMEN'S RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA IS CURRENTLY CELEBRATING THREE DECADES OF SERVICE OUR MISSION IS TO HELP SAVE THE LIVES OF UNBORN CHILDREN BY SHARING THE LOVE OF JESUS CHRIST THROUGH SPIRITUAL, PHYSICAL, EMOTIONAL AND EDUCATIONAL SUPPORT TO OUR CLIENTS. STATISTICS FROM THE CENTER FOR DISEASE CONTROL AND THE ALAN GUTTMACHER INSTITUTE INDICATE THAT 93% OF ALL ABORTIONS OCCUR BECAUSE OF SOCIAL OR ECONOMIC REASONS AND THAT 50% OF WOMEN WHO HAVE HAD AN ABORTION IN THE PAST ARE MORE LIKELY TO HAVE ANOTHER. SINCE 1985 WE HAVE PERSONALLY MET WITH SOME OF THESE WOMEN AND WE HAVE FOUND THAT THE MAJORITY OF THEM WOULD NOT CHOOSE ABORTION IF THEY SIMPLY HAD SOMEONE TO ASSIST THEM IN THEIR CIRCUMSTANCE. THE ORGANIZATION ACTS AS A CHARITY AND IS NOT A POLITICAL ENTITY. ALL OF THE SERVICES THAT WE OFFER ARE FREE OF CHARGE TO OUR CLIENTS (NO INSURANCE REQUIRED). WE DO

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.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,107,840 including grants of \$ 117,362) (Revenue \$)
See Additional Data



















4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,107,840

Part IV Checklist of Required Schedules

	Yes	No
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	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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	No
c 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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f 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 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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	No
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	No
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	No
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 Yes	
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	8
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	8
2	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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	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	Yes
11b	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	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
	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	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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 interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 JENNIFER IBARRA 2915 W CHARLESTON BLVD 1 LAS VEGAS, NV 89102 (702) 366-1247

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								111,118		6,864

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	528,317		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,027,109		
	g	Noncash contributions included in lines 1a - 1f:\$	1g	231,842		
	h Total. Add lines 1a-1f		1,555,426			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue.				
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		152		152	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a	(i) Real				
		(ii) Personal				
	b					
	d Net rental income or (loss)					
	7a	(i) Securities				
		(ii) Other				
	b					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 528,317 of contributions reported on line 1c). See Part IV, line 18		8a	255,547		
b Less: direct expenses		8b	158,773			
c Net income or (loss) from fundraising events		96,774		96,774		
9a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10aGross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,652,352		96,926		

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	117,362	117,362		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	117,982	71,956	25,929	20,097
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	688,171	412,229	156,060	119,882
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	71,244	55,986	7,581	7,677
10 Payroll taxes	60,543	36,155	13,821	10,567
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,400		2,400	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	89,861	88,939	922	
12 Advertising and promotion	66,443	29,777		36,666
13 Office expenses	120,072	20,423	2,063	97,586
14 Information technology	25,534	10,128	1,964	13,442
15 Royalties				
16 Occupancy	200,050	157,911	9,379	32,760
17 Travel	4,672	2,624		2,048
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,507	2,649	1,165	1,693
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,232	12,715	10,553	10,964
23 Insurance	18,731	13,059	3,374	2,298
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.)				
a LABORATORY FEES	51,335	51,335		
b BAD DEBT	20,458			20,458
c CONTINUING EDUCATION	19,884	5,285	12,458	2,141
d GIFTS	9,127	1,149	173	7,805
e All other expenses	22,369	18,158	1,004	3,207
25 Total functional expenses. Add lines 1 through 24e	1,745,977	1,107,840	248,846	389,291
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	602,347	1	554,244
	2 Savings and temporary cash investments	234,019	2	30,658
	3 Pledges and grants receivable, net	29,676	3	22,514
	4 Accounts receivable, net	2,849	4	19,061
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	30,132	8	50,299
	9 Prepaid expenses and deferred charges	32,859	9	61,469
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 442,784		
	b Less: accumulated depreciation	10b 165,231	306,415	10c 277,553
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,370	15	20,700
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,260,667	16	1,036,498	
Liabilities	17 Accounts payable and accrued expenses	249,637	17	53,404
	18 Grants payable		18	
	19 Deferred revenue	17,240	19	82,929
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	266,877	26	136,333
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	771,702	27	678,997
	28 Net assets with donor restrictions	222,088	28	221,168
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	993,790	32	900,165	
33 Total liabilities and net assets/fund balances	1,260,667	33	1,036,498	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,652,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,745,977
3	Revenue less expenses. Subtract line 2 from line 1	3	-93,625
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	993,790
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	900,165

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 94-2944732
Name: WOMENS RESOURCE MEDICAL CENTERS

Form 990 (2019)

Form 990, Part III, Line 4a:

CASE WORK & PREGNANCY TEST THE FIRST VISIT ENTAILS A PREGNANCY TEST AND AN INITIAL SOCIAL MODEL HEALTH ASSESSMENT WHICH INCLUDES ADDRESSING; THE SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH-THE PSYCHO-SOCIAL, RECREATIONAL, CULTURAL AND LANGUAGE NEEDS IN TANDEM WITH PHYSICAL/BIOLOGICAL AND MEDICAL FACTORS. THE PATIENTS GREATEST NEED IS IDENTIFIED AND NEXT STEP GUIDANCE IS PROVIDED. COUNSELING THIS PROGRAM ALLOWS THE CLIENT TO RECEIVE COUNSELING WITH A COUNSELOR WHO RECEIVED A CERTIFICATE OF COMPLETION THROUGH THE AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS (AACC) CRISIS PREGNANCY COUNSELING. THIS COURSE IS DESIGNED TO OFFER ADVANCED FAITH-BASED TRAINING AND INTERVENTION TECHNIQUES RELATED TO CRISIS PREGNANCY COACHING AND CAREGIVING. THE COUNSELOR TRAINING INCLUDES, PREGNANCY AND FETAL DEVELOPMENT, SEXUALLY TRANSMITTED DISEASES, STANDARD ABORTION PROCEDURES AND THEIR AFTERMATH, SEXUAL TRAUMA, PTSD, GRIEF AND LOSS ISSUES, CURRENT ABORTION LAW AND ETHICAL CONSIDERATIONS, AND THE CRITICAL NEED FOR APPROPRIATE SELF-CARE. ULTRASOUND OUR CLIENTS ARE ABLE TO RECEIVE AN ULTRASOUND AS EARLY AS SIX WEEKS INTO THEIR PREGNANCY IN ORDER TO DETERMINE THE VIABILITY AND THE GESTATIONAL AGE OF THEIR BABY. AT THIS TIME, THEY WILL RECEIVE INFORMATION ON FETAL DEVELOPMENT AND PRENATAL NUTRITION. PRENATAL CARE THIS PROGRAM INCLUDES STANDARD PRENATAL VISITS THROUGHOUT THE CLIENTS' PREGNANCY, PRENATAL LABS AND TESTS, STD TESTING AND DIAGNOSTIC ULTRASOUND. THE CLIENTS WILL ALSO BE SUPPLIED WITH PRENATAL VITAMINS. EDUCATIONAL CLASSES THE EDUCATIONAL CLASSES THAT WE OFFER ARE; SPIRITUAL DISCIPLESHIP, PRENATAL CARE ESSENTIALS, POSTPARTUM FUNDAMENTALS, PARENTING, RELATIONSHIPS AND MARRIAGE. BABY AND MATERNAL SUPPLIES OUR CLIENTS HAVE ACCESS TO SHOP IN OUR VALUES BOUTIQUE USING THE VALUES POINTS THAT THEY HAVE EARNED BY PARTICIPATING IN OUR OTHER PROGRAMS SUCH AS EDUCATIONAL CLASSES. IN THE VALUES BOUTIQUE, THEY ARE ABLE TO OBTAIN MATERNITY AND BABY CLOTHING, CRIBS, CAR SEATS, DIAPERS, FORMULA AND OTHER RELATED ITEMS THAT WILL SUPPORT THEM WITH THEIR NEW BABY. SPEAKER BUREAU WRMCSN SPEAKER BUREAU TOPICS INCLUDE: POST ABORTION HEALING, PREVENTION SERVICES/ABSTINENCE EDUCATION, ABORTION EDUCATION, FATHERHOOD AND TESTIMONIALS. OUR SPEAKERS ARE AVAILABLE TO THE COMMUNITY AND OTHER NONPROFITS FREE OF CHARGE. POST ABORTION SUPPORT GROUPS THE HEALING AND EDUCATION OF ABORTION RELATED TRAUMA (H.E.A.R.T.) PROGRAM IS A CONFIDENTIAL 10-WEEK SMALL GROUP EXPERIENCE THAT IS DEDICATED TO GIVING POST-ABORTIVE WOMEN A SAFE AND COMFORTABLE PLACE TO SEARCH FOR HEALING. THE FORGOTTEN FATHERS PROGRAM IS THE SAME FORMAT AS H.E.A.R.T., BUT DESIGNED SPECIFICALLY FOR POST ABORTIVE MEN. THE GROUPS ARE MADE UP OF ONLY THOSE WHOM HAVE PERSONALLY EXPERIENCED ABORTION AND ARE THE GROUPS ARE LED BY POST-ABORTIVE MEN AND WOMEN WHO HAVE RECEIVED HEALING AND HAVE BEEN TRAINED TO FACILITATE H.E.A.R.T. AND FORGOTTEN FATHERS GROUPS.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WOMENS RESOURCE MEDICAL CENTERS

Employer identification number
94-2944732

Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **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:
- 10 ☐ 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 exempt 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).** (Complete Part III.)
- 11 ☐ 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.
- a ☐ **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.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	945,464	990,568	1,045,512	1,334,423	1,555,426	5,871,393
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	945,464	990,568	1,045,512	1,334,423	1,555,426	5,871,393
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						420,276
6	Public support. Subtract line 5 from line 4.						5,451,117
Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	945,464	990,568	1,045,512	1,334,423	1,555,426	5,871,393
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	607	587	587	805	152	2,738
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .					95,774	95,774
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .				252		252
11	Total support. Add lines 7 through 10						5,970,157
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	91.310 %
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	95.530 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 252

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WOMENS RESOURCE MEDICAL CENTERS

Employer identification number
94-2944732

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements	223,315	15,365	207,950
d	Equipment	219,469	149,866	69,603
e	Other			
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			277,553

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
------------------	-------------	--

Part XIII	Supplemental Information (continued)
------------------	---

Return Reference	Explanation
------------------	-------------

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BANQUET (event type)	RACE (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	634,585	149,279		783,864
	2 Less: Contributions	432,112	96,205		528,317
	3 Gross income (line 1 minus line 2)	202,473	53,074		255,547
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	850			850
	6 Rent/facility costs	90,838	1,112		91,950
	7 Food and beverages				
	8 Entertainment	9,674	1,955		11,629
	9 Other direct expenses	4,337	50,007		54,344
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				158,773
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				96,774	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

WOMENS RESOURCE MEDICAL CENTERS

Employer identification number

94-2944732

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) BABY ITEMS & FOOD	2900		117,362	FMV	BABY ITEMS
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	WE DISTRIBUTE BABY SUPPLIES TO PARENTS OF INFANTS ON AN INDIVIDUAL BASIS ONLY.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WOMENS RESOURCE MEDICAL CENTERS

Employer identification number
94-2944732

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		166,151	FMV
6 Cars and other vehicles	X	1	1,601	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CARDS)	X	2	45,040	FMV
26 Other ▶ (CATERING)	X	1	19,050	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51227J

Schedule M (Form 990) (2019)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

WOMENS RESOURCE MEDICAL CENTERS

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

94-2944732

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	ESTABLISHED AS A FAITH-BASED, CHARITABLE 501 (C)3 ORGANIZATION IN 1984 AND OPENING TO RECEIVE CLIENTS IN 1985, THE WOMEN'S RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA IS CURRENTLY CELEBRATING THREE DECADES OF SERVICE OUR MISSION IS TO HELP SAVE THE LIVES OF UNBORN CHILDREN BY SHARING THE LOVE OF JESUS CHRIST THROUGH SPIRITUAL, PHYSICAL, EMOTIONAL AND EDUCATIONAL SUPPORT TO OUR CLIENTS. STATISTICS FROM THE CENTER FOR DISEASE CONTROL AND THE ALAN GUTTMACHER INSTITUTE INDICATE THAT 93% OF ALL ABORTIONS OCCUR BECAUSE OF SOCIAL OR ECONOMIC REASONS AND THAT 50% OF WOMEN WHO HAVE HAD AN ABORTION IN THE PAST ARE MORE LIKELY TO HAVE ANOTHER. SINCE 1985 WE HAVE PERSONALLY MET WITH SOME OF THESE WOMEN AND WE HAVE FOUND THAT THE MAJORITY OF THEM WOULD NOT CHOOSE ABORTION IF THEY SIMPLY HAD SOMEONE TO ASSIST THEM IN THEIR CIRCUMSTANCE. THE ORGANIZATION ACTS AS A CHARITY AND IS NOT A POLITICAL ENTITY. ALL OF THE SERVICES THAT WE OFFER ARE FREE OF CHARGE TO OUR CLIENTS (NO INSURANCE REQUIRED). WE DO NOT DISCRIMINATE IN PROVIDING SERVICES BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION OR MARITAL STATUS. OUR INCOME SOURCES ARE PROVIDED BY INDIVIDUAL GIFTS, ORGANIZATIONS AND EVENTS. THE STAFF AND VOLUNTEERS AT THE WOMEN'S RESOURCE CENTERS ARE COMMITTED TO CREATING AWARENESS WITHIN THE LOCAL COMMUNITY OF THE NEEDS OF PREGNANT WOMEN AND OF THE FACT THAT ABORTION ONLY COMPOUNDS HUMAN NEED RATHER THAN RESOLVE IT. WE ARE COMMITTED TO PROVIDING CLIENTS WITH ACCURATE AND COMPLETE INFORMATION ABOUT BOTH PRENATAL DEVELOPMENT AND ABORTION. THE CENTERS' STAFF AND VOLUNTEERS DO NOT RECOMMEND, PROVIDE, OR REFER FOR ABORTION OR ABORTIFACIENTS. IN ADDITION, THE WOMEN'S RESOURCE CENTERS RECOGNIZES THE VALIDITY OF ADOPTION AS ONE ALTERNATIVE TO ABORTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>SUMMARY WOMEN'S RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA IS A FAITH BASED, COMMUNITY SUPPORTED, NON-PROFIT ORGANIZATION THAT IS COMMITTED TO REDUCING THE DEMAND FOR ABORTION BY SUPPORTING PREGNANT WOMEN AND THEIR FAMILIES. THE ORGANIZATION HAS BEEN SERVING FAMILIES IN SOUTHERN NEVADA SINCE 1985. OUR PROGRAMS ARE COMPLEMENTARY TO OUR CLIENTS AND THEY ARE PAID FOR BY DIRECT DONATIONS FROM OUR COMMUNITY. WE DO NOT RECEIVE GOVERNMENT FUNDING, NOR DO WE BILL MEDICAID. WE DO NOT CHARGE OUR CLIENTS A FEE FOR SERVICE. THE 42 MONTH LIFECYCLE OF OUR CLIENT CARE BEGINS AT PREGNANCY AND ENDS WHEN THEIR BABY TURNS 3 YEARS OLD. WE DO NOT DISCRIMINATE IN PROVIDING SERVICES BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION OR MARITAL STATUS. OUR INCOME SOURCES ARE PROVIDED BY INDIVIDUAL GIFTS, ORGANIZATIONS AND EVENTS. VISION STATEMENT TO END THE DEMAND FOR ABORTION IN SOUTHERN NEVADA BY PROVIDING TRUTH, HOPE AND LOVE. HISTORY AND CURRENT STATUS ESTABLISHED AS A FAITH-BASED, CHARITABLE 501 (C) 3 ORGANIZATION IN 1984 AND OPENING TO RECEIVE CLIENTS IN 1985, WOMEN'S RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA IS CURRENTLY CELEBRATING THREE DECADES OF SERVICE. STATISTICS FROM THE CENTER FOR DISEASE CONTROL AND THE ALAN GUTTMACHER INSTITUTE INDICATE THAT 93% OF ALL ABORTIONS OCCUR BECAUSE OF SOCIAL OR ECONOMIC REASONS AND THAT 50% OF WOMEN WHO HAVE HAD AN ABORTION IN THE PAST ARE MORE LIKELY TO HAVE ANOTHER. NEVADA HAS BEEN IDENTIFIED AS ONE OF THE TOP 10 "AT RISK" STATES FOR HIGH ABORTION RATES. RECENT STATISTICS FROM THE STATE OF NEVADA SHOW THAT 69% OF WOMEN HAVING ABORTIONS ARE ECONOMICALLY DISADVANTAGED. NEVADA IS RANKED 48TH OF THE 50 STATES FOR ITS HIGH PERCENT OF BIRTHS TO MOTHERS WITH LITTLE OR NO PRENATAL CARE. IF GIVEN EARLY ENOUGH, PRENATAL CARE HELPS TO PREVENT CONGENITAL MALFORMATIONS, LOW BIRTH WEIGHT AND INFANT DEATH. CONGENITAL MALFORMATIONS ARE NOW THE LEADING CAUSE OF INFANT MORTALITY IN THE U.S. AND THE FEAR OF NOT BEING ABLE TO ACCESS OR AFFORD PRENATAL CARE IS ONE OF THE TOP DRIVERS THAT LEAD WOMEN TO CONSIDER ABORTION. SINCE 1985 WE HAVE PERSONALLY MET WITH SOME OF THESE WOMEN AND WE HAVE FOUND THAT THE MAJORITY OF THEM WOULD NOT CHOOSE ABORTION IF THEY SIMPLY HAD SOMEONE TO ASSIST THEM IN THEIR CIRCUMSTANCE. THE ORGANIZATION ACTS AS A CHARITY AND IS NOT A POLITICAL ENTITY. ALL OF THE SERVICES THAT WE OFFER ARE FREE OF CHARGE TO OUR CLIENTS. COMMUNITY IMPACT OUR IMPACT IS NO LONGER UNDERSTATED. THE ASSOCIATED PRESS RECENTLY RELEASED THE RESULTS OF A STUDY THAT WAS CONDUCTED THAT FOUND A NATIONWIDE DECREASE IN ABORTION FROM 2010 TO 2015 OF 12%. AS THE STUDY WAS BROKEN DOWN BY STATE, IT COMPARED THE NUMBER OF ABORTIONS PERFORMED BY THE ACCESSIBILITY OF OBTAINING AN ABORTION. THE STUDY FOUND THAT WITHOUT PASSING ANY NEW LEGISLATION TO RESTRICT OR LIMIT ABORTION AND WITHOUT ANY CLINICS CLOSING, THE STATE OF NEVADA REALIZED A 22% DECLINE IN ABORTIONS PERFORMED. THE AVERAGE NUMBER OF ABORTIONS PERFORMED IN OUR STATE IS 11,000</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>PER YEAR. WITHIN THAT SAME TIME PERIOD, WOMEN'S RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA SAVED 10,008 BABIES WHO WERE VULNERABLE TO ABORTION. PROGRAMS CASE WORK & PREGNANCY TEST THE FIRST VISIT ENTAILS A PREGNANCY TEST AND AN INITIAL SOCIAL MODEL HEALTH ASSESSMENT WHICH INCLUDES ADDRESSING; THE SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH-THE PSYCHO-SOCIAL, RECREATIONAL, CULTURAL AND LANGUAGE NEEDS IN TANDEM WITH PHYSICAL/BIOLOGICAL AND MEDICAL FACTORS. THE PATIENTS' GREATEST NEED IS IDENTIFIED AND NEXT STEP GUIDANCE IS PROVIDED. COUNSELING THIS PROGRAM ALLOWS THE CLIENT TO RECEIVE COUNSELING WITH A COUNSELOR WHO RECEIVED A CERTIFICATE OF COMPLETION THROUGH THE AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS (AACC) CRISIS PREGNANCY COUNSELING. THIS COURSE IS DESIGNED TO OFFER ADVANCED FAITH-BASED TRAINING AND INTERVENTION TECHNIQUES RELATED TO CRISIS PREGNANCY COACHING AND CAREGIVING. THE COUNSELOR TRAINING INCLUDES, PREGNANCY AND FETAL DEVELOPMENT, SEXUALLY TRANSMITTED DISEASES, STANDARD ABORTION PROCEDURES AND THEIR AFTERMATH, SEXUAL TRAUMA, PTSD, GRIEF AND LOSS ISSUES, CURRENT ABORTION LAW AND ETHICAL CONSIDERATIONS, AND THE CRITICAL NEED FOR APPROPRIATE SELF-CARE. ULTRASOUND OUR CLIENTS ARE ABLE TO RECEIVE AN ULTRASOUND AS EARLY AS SIX WEEKS INTO THEIR PREGNANCY IN ORDER TO DETERMINE THE VIABILITY AND THE GESTATIONAL AGE OF THEIR BABY. AT THIS TIME, THEY WILL RECEIVE INFORMATION ON FETAL DEVELOPMENT AND PRENATAL NUTRITION. PRENATAL CARE THIS PROGRAM INCLUDES STANDARD PRENATAL VISITS THROUGHOUT THE CLIENTS' PREGNANCY, PRENATAL LABS AND TESTS, STD TESTING AND DIAGNOSTIC ULTRASOUND. THE CLIENTS WILL ALSO BE SUPPLIED WITH PRENATAL VITAMINS. EDUCATIONAL CLASSES THE EDUCATIONAL CLASSES THAT WE OFFER ARE; SPIRITUAL DISCIPLESHIP, PRENATAL CARE ESSENTIALS, POSTPARTUM FUNDAMENTALS, PARENTING, RELATIONSHIPS AND MARRIAGE. BABY AND MATERNAL SUPPLIES OUR CLIENTS HAVE ACCESS TO SHOP IN OUR VALUES BOUTIQUE USING THE VALUES POINTS THAT THEY HAVE EARNED BY PARTICIPATING IN OUR OTHER PROGRAMS SUCH AS EDUCATIONAL CLASSES. IN THE VALUES BOUTIQUE, THEY ARE ABLE TO OBTAIN MATERNITY AND BABY CLOTHING, CRIBS, CAR SEATS, DIAPERS, FORMULA AND OTHER RELATED ITEMS THAT WILL SUPPORT THEM WITH THEIR NEW BABY. THESE MATERIAL NEEDS ARE AVAILABLE TO THEM UP UNTIL THE BABY TURNS 3 YEARS OLD. SPEAKER BUREAU WRMCSN SPEAKER BUREAU TOPICS INCLUDE: POST ABORTION HEALING, PREVENTION SERVICES/ABSTINENCE EDUCATION, ABORTION EDUCATION, FATHERHOOD AND TESTIMONIALS. OUR SPEAKERS ARE AVAILABLE TO THE COMMUNITY AND OTHER NONPROFITS FREE OF CHARGE. POST ABORTION SUPPORT GROUPS THE HEALING AND EDUCATION OF ABORTION RELATED TRAUMA (H.E.A.R.T.) PROGRAM IS A CONFIDENTIAL 10-WEEK SMALL GROUP EXPERIENCE THAT IS DEDICATED TO GIVING POST-ABORTIVE WOMEN A SAFE AND COMFORTABLE PLACE TO SEARCH FOR HEALING. THE FORGOTTEN FATHERS PROGRAM IS THE SAME FORMAT AS H.E.A.R.T., BUT DESIGNED SPECIFICALLY FOR POST ABORTIVE MEN. THE GROUPS ARE MADE UP OF ONLY THOSE WHOM HAVE PERSONALLY EXPERIENCED ABORTION AND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>D THE GROUPS ARE LED BY POST-ABORTIVE MEN AND WOMEN WHO HAVE RECEIVED HEALING AND HAVE BEEN TRAINED TO FACILITATE H.E.A.R.T. AND FORGOTTEN FATHERS GROUPS. THE PROGRAM/ PROJECT OUR PRENATAL CARE PROGRAM WAS LAUNCHED SEPTEMBER OF 2017. WE IDENTIFIED A GAP IN OUR SERVICES THAT HINDERED THE CONTINUITY OF OUR COMPASSIONATE, COMPLIMENTARY CARE TO OUR CLIENTS. THE MAJORITY OF THE PREGNANT WOMEN WHOM WE SERVE DO NOT RECEIVE PROPER PRENATAL CARE THAT WILL ALLOW THEM TO HAVE HEALTHY PREGNANCIES AND HEALTHY BABIES. NEVADA IS RANKED 48TH OF THE 50 STATES FOR ITS HIGH PERCENT OF BIRTHS TO MOTHERS WITH LITTLE OR NO PRENATAL CARE. IF GIVEN EARLY ENOUGH, PRENATAL CARE HELPS TO PREVENT CONGENITAL MALFORMATIONS, LOW BIRTH WEIGHT AND INFANT DEATH. CONGENITAL MALFORMATIONS ARE NOW THE LEADING CAUSE OF INFANT MORTALITY IN THE U.S. AND THE FEAR OF NOT BEING ABLE TO ACCESS OR AFFORD PRENATAL CARE IS ONE OF THE TOP DRIVERS THAT LEAD WOMEN TO CONSIDER ABORTION. IN NEVADA, 56% OF THE FEMALE POPULATION AGE 15 TO 54 IS UNINSURED OR UNDERINSURED. WOMEN'S RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA IS THE ONLY ORGANIZATION IN SOUTHERN NEVADA THAT OFFERS FREE PRENATAL CARE. WE ALSO FOUND THAT IN THE STATE OF NEVADA, 48% OF CHILDREN IN LOW-INCOME FAMILIES LIVE WITH A SINGLE PARENT. THERE IS A STRONG RELATIONSHIP BETWEEN SINGLE PARENTHOOD AND FAMILY POVERTY. IT IS CRITICAL TO EMPOWER YOUNG FAMILIES TO ATTAIN A HIGHER STANDARD OF LIVING AND TO GAIN A HIGHER LEVEL OF COMPETENCE IN THE NURTURANCE AND EDUCATION OF THEIR CHILDREN. THIS IS WHY WE ARE INCLUDING EDUCATIONAL CLASSES THAT WILL ENCOURAGE MARRIAGE AND PARENTING AND ARE DIRECTLY ATTACHED TO AN "EARN WHILE YOU LEARN" INCENTIVE PLAN THAT ALLOWS OUR CLIENTS TO REDEEM THEIR GRADUATION CERTIFICATES FOR ITEMS IN OUR BABY BOUTIQUE. VALUES PREGNANCY PROGRAM WILL ADDRESS THE ACCESSIBILITY OF PRENATAL CARE AMONG UNINSURED OR UNDERINSURED FEMALE POPULATION IN SOUTHERN NEVADA. VALUES PREGNANCY PROGRAM, WHICH INCLUDES; PRENATAL CARE, LABS, MONTHLY PRENATAL VITAMINS, PARENTHOOD EDUCATIONAL CLASSES FOR MOTHERS AND FATHERS AND MATERIAL RESOURCES FOR THEIR NEWBORN BABY. FINANCIAL INFORMATION WOMEN'S RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA OPERATES ON AN ANNUAL INCOME OF 1.5 MILLION. OUR CURRENT AND HISTORICAL INCOME SOURCES HAVE BEEN THROUGH SPECIAL EVENTS AND INDIVIDUAL AND CORPORATE DONATIONS. SUSTAINABILITY HAS BEEN REALIZED THROUGH OUR MONTHLY GIVING PROGRAMS AND HIGH DONOR RETENTION RATES. NEW INITIATIVES FOR INCOME DIVERSIFICATION HAVE BEEN DEVELOPED AND WILL BE IMPLEMENTED IN 2018. WE HAVE BUILT A BUSINESS PLAN TO OPEN A THRIFT STORE CALLED, VINTAGE VALUES BOUTIQUE WHICH WILL EVENTUALLY BECOME A SMALL CHAIN OF RETAIL CENTERS THROUGHOUT THE LAS VEGAS VALLEY. THE NEVADA STATE LEGISLATIVE COMMITTEE FOR SPECIALTY LICENSE PLATES APPROVED OUR APPLICATION IN OCTOBER OF 2015 FOR OUR "VALUES LIFE" LICENSE PLATE INITIATIVE. THE DMV HAS RECENTLY BEGUN THE DESIGN AND MANUFACTURING PROCESS AND THE PLATES ARE EXPECTED TO BE MADE AVAILABLE TO THE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>CASE WORK & PREGNANCY TEST THE FIRST VISIT ENTAILS A PREGNANCY TEST AND AN INITIAL SOCIAL MODEL HEALTH ASSESSMENT WHICH INCLUDES ADDRESSING; THE SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH-THE PSYCHO-SOCIAL, RECREATIONAL, CULTURAL AND LANGUAGE NEEDS IN TANDEM WITH PHYSICAL/BIOLOGICAL AND MEDICAL FACTORS. THE PATIENTS GREATEST NEED IS IDENTIFIED AND NEXT STEP GUIDANCE IS PROVIDED. COUNSELING THIS PROGRAM ALLOWS THE CLIENT TO RECEIVE COUNSELING WITH A COUNSELOR WHO RECEIVED A CERTIFICATE OF COMPLETION THROUGH THE AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS (AACC) CRISIS PREGNANCY COUNSELING. THIS COURSE IS DESIGNED TO OFFER ADVANCED FAITH-BASED TRAINING AND INTERVENTION TECHNIQUES RELATED TO CRISIS PREGNANCY COACHING AND CAREGIVING. THE COUNSELOR TRAINING INCLUDES, PREGNANCY AND FETAL DEVELOPMENT, SEXUALLY TRANSMITTED DISEASES, STANDARD ABORTION PROCEDURES AND THEIR AFTERMATH, SEXUAL TRAUMA, PTSD, GRIEF AND LOSS ISSUES, CURRENT ABORTION LAW AND ETHICAL CONSIDERATIONS, AND THE CRITICAL NEED FOR APPROPRIATE SELF-CARE. ULTRASOUND OUR CLIENTS ARE ABLE TO RECEIVE AN ULTRASOUND AS EARLY AS SIX WEEKS INTO THEIR PREGNANCY IN ORDER TO DETERMINE THE VIABILITY AND THE GESTATIONAL AGE OF THEIR BABY. AT THIS TIME, THEY WILL RECEIVE INFORMATION ON FETAL DEVELOPMENT AND PRENATAL NUTRITION. PRENATAL CARE THIS PROGRAM INCLUDES STANDARD PRENATAL VISITS THROUGHOUT THE CLIENTS' PREGNANCY, PRENATAL LABS AND TESTS, STD TESTING AND DIAGNOSTIC ULTRASOUND. THE CLIENTS WILL ALSO BE SUPPLIED WITH PRENATAL VITAMINS. EDUCATIONAL CLASSES THE EDUCATIONAL CLASSES THAT WE OFFER ARE; SPIRITUAL DISCIPLINE, PRENATAL CARE ESSENTIALS, POSTPARTUM FUNDAMENTALS, PARENTING, RELATIONSHIPS AND MARRIAGE. BABY AND MATERNAL SUPPLIES OUR CLIENTS HAVE ACCESS TO SHOP IN OUR VALUES BOUTIQUE USING THE VALUES POINTS THAT THEY HAVE EARNED BY PARTICIPATING IN OUR OTHER PROGRAMS SUCH AS EDUCATIONAL CLASSES. IN THE VALUES BOUTIQUE, THEY ARE ABLE TO OBTAIN MATERNITY AND BABY CLOTHING, CRIBS, CAR SEATS, DIAPERS, FORMULA AND OTHER RELATED ITEMS THAT WILL SUPPORT THEM WITH THEIR NEW BABY. SPEAKER BUREAU WRMCSN SPEAKER BUREAU TOPICS INCLUDE: POST ABORTION HEALING, PREVENTION SERVICES/ABSTINENCE EDUCATION, ABORTION EDUCATION, FATHERHOOD AND TESTIMONIALS. OUR SPEAKERS ARE AVAILABLE TO THE COMMUNITY AND OTHER NONPROFITS FREE OF CHARGE. POST ABORTION SUPPORT GROUPS THE HEALING AND EDUCATION OF ABORTION RELATED TRAUMA (H.E.A.R.T.) PROGRAM IS A CONFIDENTIAL 10-WEEK SMALL GROUP EXPERIENCE THAT IS DEDICATED TO GIVING POST-ABORTIVE WOMEN A SAFE AND COMFORTABLE PLACE TO SEARCH FOR HEALING. THE FORGOTTEN FATHERS PROGRAM IS THE SAME FORMAT AS H.E.A.R.T., BUT DESIGNED SPECIFICALLY FOR POST ABORTIVE MEN. THE GROUPS ARE MADE UP OF ONLY THOSE WHOM HAVE PERSONALLY EXPERIENCED ABORTION AND ARE THE GROUPS ARE LED BY POST-ABORTIVE MEN AND WOMEN WHO HAVE RECEIVED HEALING AND HAVE BEEN TRAINED TO FACILITATE H.E.A.R.T. AND FORGOTTEN FATHERS GROUPS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	WRMCSN BOARD OF TRUSTEES ARE PROVIDED A COPY OF THE 990 TO REVIEW AFTER IT HAS BEEN PREPARED AND PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPARABILITY DATA IS REVIEWED TO DETERMINE COMPENSATION. ALL COMPENSATION MUST BE WITHIN BUDGETED AMOUNTS BASED UPON THE BUDGET APPROVED BY THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	WAGES MUST BE WITHIN THE BUDGET APPROVED BY THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	WRMCSN WEBSITE PUBLICIZES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO ENSURE TRANSPARENCY AND EASY ACCESS FOR STAKEHOLDERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	WRMCSN ENGAGED PERSHING YOAKLEY & ASSOCIATES, P.C. TO PROVIDE AN INDEPENDANT COMPENSATION ANALYSIS OF KEY EXECUTIVE: CHIEF EXECUTIVE OFFICER. THE ANALYSIS PROVIDED A RANGE OF SALARIES CONSIDERED FAIR AND REASONABLE AND THE CEO'S SALARY WAS ADJUSTED ACCORDINGLY. THE 2018 FIGURE ALSO CONTAINS RETROACTIVE PAYMENTS FOR THE PRIOR YEAR.