Form	9	9	0
Departm	nent o	f the	Treasury

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

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

		e 2022		nda	r year, or t			ginning		110			nd en		·	0				speorre	
		ſ			organization		,	, ,							<u> </u>	D	Employer i	denti	fication num	ber	
<b>B</b> c	heck if ap	oplicable:			U U	ATI	D PREG	NANCY CE	NTERS.	т	NC .										
	Addre				siness As		21120		, ,								48	3-1	055953		
	chang Name	change		<u> </u>		P.0	. box if mail	is not delivered	to street ad	Idres	s)	Roo	om/sui	te		E Telephone number					
-	-	return	1(	าจก	1 GRANA	D۵	T.ANE	SUITE 1	0.0							(913)962-0200					
	Termi	- F						, and ZIP or fo		code	)						( -	110	//02 02	00	
-	Amen	ded			LAND PA				5 1							G	Gross rece	ints 9	\$ 2,19	0 26	3
-	return Applic	cation			d address of p		,		I TISDA	тъ							Is this a qu			Yes [	X No
	_ pendi	ng						SUITE 1			גם רואגו	סע	VC	6	62	Ц(Б)	Subordinate Are all subo			Yes	No
	Tay-ey	empt sta			501(c)(3)		501(c)		insert no.)	ER.	4947(a)(1)		, ко	527		п(Б)			list. (see instruct	L	
<u>.</u>					VICEAND		. ,		insent no.)		4947 (a)(1)	01		521		L(_)	-				
		of organi		-				Association	Othe				LVO	or of				-	n number 🕨	nicilo:	
			nmary		Corporation		Trust	Association	Othe		·		Lrea	aroi	Iormati	on:	1980	I Sta	ite of legal dor	nicile:	KS
	art															11		2011	NODI ING		
	1	Briefly	descr	be t	he organizat	tion	's mission	or most sign	ificant activ	vities	S: _ PREGI	NAN	CY_I	EDL	JCATI		AND (	2001	NSELING		
Governance																					
rna																					
ove		Check					-	discontinue	•		•							1	1		
ي م								ng body (Part										3			15
Activities &								f the govern										4			15
viti								alendar year	2022 (Part	V, li	ne 2a)							5			21
cti					volunteers (e													6			148
٩								VIII, column										7a			
	b	Net un	related	d bu	siness taxab	le i	ncome from	m Form 990-	T, line 34					•••				7k			
																	or Year			ent Yea	
ē	8											1,932,946.			. 2,	147,	446.				
ent	9	<ul><li>9 Program service revenue (Part VIII, line 2g)</li><li>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</li></ul>													NONE					NONE	
Revenue	10	mvesu	nent i	ICON	le (Part VIII	, coi	iumn (A), i	ines 5, 4, and	i/u)					I			2,9	933	•	12,	017.
_	11	Other	revenu	ie (F	Part VIII, colu	umn	ı (A), lines	5, 6d, 8c, 9c	10c, and '	11e)							-67,7	80.	•	-79,	079.
	12						- ·	ist equal Part								1	,868,0	99.	. 2,	080,	384.
	13							olumn (A), lir									1	NON	E		NONE
	14							olumn (A), lin									1	NON	E		NONE
s								enefits (Part I									508,8	331	•	669,	643.
Expenses	16a	Profes	sional	fund	draising fees	(Pa	rt IX, colur	nn (A), line 1	1e)								1	NON	E		NONE
ă								n (D), line 25)													
	17	Other	expens	ses (	Part IX, colu	ımn	(A), lines	11a-11d, 11f	-24e)								445,8	374.	•	620,	325.
	18	Total e	xpens	es. /	Add lines 13	-17	(must equ	ial Part IX, co	olumn (A), l	ine 2	25)						954,7	05.	. 1,	289,	968.
	19	Reven	ue less	s exp	penses. Sub	trac	t line 18 fr	om line 12 🔒									913,3	394.	•	790,	416.
Net Assets or Fund Balances															Beginr	-	of Current			of Year	
sset	20	Total a	ssets (	Part	X, line 16)											2	,870,7		. 5,	435,	992.
d B B B B B B B B B B B B B B B B B B B	21	Total li	abilitie	es (P	art X, line 26	)											22,7		. 1,	813,	999.
						Su	btract line	21 from line	20							2	,847,9	971.	. 3,	621,	993.
Pa	rt II	Sig	natur	e B	ock																
								this return, in an officer) is b										of my	y knowledge	and bel	ief, it is
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<b>C</b> :~																		/09	/2023		
Sig He			Signatu	re of	officer												Date				
IIE	e	RNTH									EXECU	TIV	E D	IRE	CTOF	ર					
			<i>·</i> ·	•	t name and title	е												_	-		
Daia		Print/T	ype pr	epare	er's name			Preparer's	signature				Date					K if	PTIN		
Paic Pro	ı parer	JASC	N F	AN	DERSON								11/	08,	/202	3	self-emplo	oyed	P00409	286	
	Only	Firm's	name		PICKETT	',	CHANEY	& MCMUI	LLEN LI	Ъ						Firm	n's EIN 🕨		48-1246	310	
	City	Firm's	address	5 🕨	9401 W	. 8	7TH STREE	T, SUITE 20	0 OVERLAI	ND P	ARK, KS 60	6212	-3755			Pho	ne no.		913-438	-507	7
Мау	the II	RS disc	uss th	is re	eturn with th	e pr	eparer sho	wn above? (	see instruc	tions	5)								. X Ye	s	No
For	Paper	rwork F	Reduct	tion	Act Notice.	see	the sepa	ate instructi	ons.					_		_					(2022)

	m 990 (20	22)			Page 2
Pa	art III	Statement of Program Ser			
_	<u> </u>		ns a response or note to any line in this P	art III	•••••
1	-	describe the organization's mis			
	PREG	NANCY EDUCATION AND	COUNSELING		
2	prior Fo	orm 990 or 990-EZ?	significant program services during the		
3	Did the		on Schedule O. cting, or make significant changes in		
4	If "Yes,"	describe these changes on S			
	expense	es. Section 501(c)(3) and 50	1(c)(4) organizations are required to r y, for each program service reported.		
4a			929,410. including grants of \$	) (Revenue \$	)
	SEE S	CHEDULE O			
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)	)
4d	-	program services (Describe on		<b>^</b>	
<b>A</b> -	(Expense)			nue \$ )	
JSA		rogram service expenses	929,410.		Form <b>990</b> (2022)
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ADVICE AND AID PREGNANCY CENTERS, INC. 48-1055953

Form 990 (2022)

Page 3

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		- 21
U	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	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		v
10	-	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0		37
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	X	
Ø	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	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
t	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	X	-
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		Х
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	Х	
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х
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Form 990 (2022)

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	ADVICE AND AID PREGNANCY CENTERS, INC. 48-1055	953	_	
Form 9 Part	O (2022)     Checklist of Required Schedules (continued)		F	Page 4
			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		X
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	22		37
24 0	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
24 a	\$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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		Х
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		X
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%			
~7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		_X
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? <i>If "Yes," complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
ŭ	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u>X</u>
34	or IV, and Part V, line 1	34		v
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
~	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	v	
JSA		form	X 990	(2022)
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Form 990 (2022)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
_	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		х
لہ	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any runus, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D D	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 9	90 (2022) ADVICE AND AID PREGNANCY CENTERS, INC. 48-1055	953	F	age 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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 1a 15			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Casti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	,	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10a	103	
	Did the organization have local chapters, branches, or affiliates?	TUa		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Δ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
с	rise to conflicts?			
U	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		X
b	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these available. Check all that apply.	Г (sec	tion 5	01(c)
	X         Own website         Another's website         Upon request         Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	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 record RUTH TISDALE 10901 GRANADA LANE, SUITE 100 OVERLAND PARK, KS 66211	ls		
JSA	913-962-0200	Form	990	(2022)
2E1042	1.000			

Page 7

Part VII 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 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	Position not check more than one unless person is both an					Position o not check more than one x, unless person is both an cer and a director/trustee)			(do not check more than one box, unless person is both an officer and a director/trustee)			Position to not check more than one ox, unless person is both an ficer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			re than one n is both an ctor/trustee)		ore than one on is both an ector/trustee)		re than one n is both an tor/trustee)		re than one n is both an ctor/trustee)		re than one n is both an ctor/trustee)		tion more than one son is both an rector/trustee)		k more than one erson is both an director/trustee)		ck more than one berson is both an director/trustee)		nore than one son is both an rector/trustee)		ition more than one rson is both an irector/trustee)		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) RUTH TISDALE	45.00																																									
EXECUTIVE DIRECTOR	NONE			х				74,292.	NONE	7,697.																																
(2) ANGELA SCHERMERHORN	3.00									· · · · ·																																
DIRECTOR	NONE	x						NONE	NONE	NONE																																
(3) SPENCER KERLEY	3.00																																									
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE																																
(4) LAURA JEFFRIES	3.00																																									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE																																
(5) GWYN HEIDRICK	3.00																																									
DIRECTOR	NONE	Х						NONE	NONE	NONE																																
(6) MARIANNE MORGAN	3.00																																									
DIRECTOR	NONE	Х						NONE	NONE	NONE																																
(7) DEBBIE TANN	3.00																																									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE																																
(8) JAY BREEDEN	3.00																																									
DIRECTOR	NONE	Х						NONE	NONE	NONE																																
(9) LANCE KINZER	3.00																																									
DIRECTOR	NONE	Х						NONE	NONE	NONE																																
(10) JAMIE CARLSON	3.00	-																																								
DIRECTOR	NONE	Х						NONE	NONE	NONE																																
(11) SHERRY BRINKLEY	3.00	-																																								
TREASURER	NONE	Х		Х				NONE	NONE	NONE																																
(12) JACK VARELA	3.00																																									
DIRECTOR	NONE	Х						NONE	NONE	NONE																																
(13) KEN KING	3.00																																									
DIRECTOR	NONE	X						NONE	NONE	NONE																																
(14) CURT CREASON	3.00																																									
DIRECTOR	NONE	Х						NONE	NONE	NONE																																

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Form 990 (2022) Part VII Section A. Officers, Directors, Tru	ustoos Ka	w Fm	nlo		26	and I	Hia	hest Compensat	ed Employees (	Page 8
(A)	(B)	יש בוו 	ipic		<del>23,</del> C)		ng	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle	Pos heck ss pe	ition more erson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) RAY JARRETT	3.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
16) MIKE CZINEGE	3.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
		-								
		-								
	+									
	+									
	+									
1b Sub-total								74,292.	NONE	7,697.
c Total from continuation sheets to Part VII, S	ection A							NONE	NONE	NONE
d Total (add lines 1b and 1c)								74,292.	NONE	7,697.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste		bov NO		o re	eceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										Yes         No           3         X
4 For any individual listed on line 1a, is the organization and related organizations groups of the organization of the organi										

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* 

#### 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.

individual.....

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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#### Form 990 (2022)

### ADVICE AND AID PREGNANCY CENTERS, INC. 48-1055953 Page 9

	,	
Part VIII	Statement of F	Revenue

				(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a	25,095.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
	c	Fundraising events 1c	1,174,046.				
	d	Related organizations 1d					
		Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
i i i	· ·		948,305.				
the			540,505.				
ĒÒ	g	Noncash contributions included in	<b>b</b> 20.456				
no Du		lines 1a-1f					
0.0	h	Total. Add lines 1a-1f		2,147,446.			
a)			Business Code				
Program Service Revenue	2a						
	b						
n S en	с						
rar čev	d						
60 6	е						
5	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest. and				
		other similar amounts)		10,552.			10,552.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses <b>6b</b>					
			NONE				
	C d			NONE			
	d	Net rental income or (loss)         Gross amount from         (i) Securities	(ii) Other	NONE			
	7a						
		sales of assets					
_		other than inventory 7a 1,465.					
nu	b	Less: cost or other basis					
ther Revenue		and sales expenses 7b					
Re	c	Gain or (loss) 7c 1,465.					
er	d	Net gain or (loss)		1,465.			1,465.
	8a						
0		events (not including \$1,174,046.					
		of contributions reported on line					
		1c). See Part IV, line 18	30,800.				
	b	Less: direct expenses	109,879.				
	с	Net income or (loss) from fundraising events		-79,079.			-79,079.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c c	Net income or (loss) from sales of inventory		NONE			
6			Business Code				
suo €	11-						
nu	11a						<u> </u>
ella Vel	b						
Miscellaneous Revenue	С Д	All other revenue					
Σ	a	All other revenue	L	NONE			
	<u>е</u> 12	Total Add lines 11a-11d					67.000
JSA	14	Total revenue. See instructions		2,080,384.			-67,062. Form <b>990</b> (2022)
							FUILI JJU (2022)

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 (B) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 76,743. 7,674. 38,372. 30,697. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 496,565 405,992. 33,350. 57,223. NONE 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . . . . . . . 47,070 32,168 4,186 10,716. 5,912. <u>7,3</u>90. 49,265. 35,963. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management NONE **b** Legal 5,107. 1,094. 7,295 1,094. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17 1,873. 1,873 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column NONE (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 90,868 90,868 113,836. 73,853. 4,966. 35,017. 13 Office expenses 14 Information technology NONE NONE 15 Royalties Occupancy 189,205 124,806 38,310. 26,089. 16 11,016. 7,950. 1,533. 1,533. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 2,322 290 290. Conferences, conventions, and meetings 2,902 19 99 Interest 69. 15. 15. 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization 44,306 31,014. 6,646 6,646. 22 1,858. 12,387. 8,671. 1,858. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a CLIENT ASSISTANCE 63,715 63,715. 31,943 31,943. OTHER EXPENSES -FUND RAISIN b 12,611 c SONOGRAM EXPENSES 12,611 d STAFF/VOLUNTEER TRAINING 8,538. 1,067. 1,068. 10,673 27,596 18,089 4,505. 5,002. e All other expenses 143,977. Total functional expenses. Add lines 1 through 24e 1,289,968. 929,410. 216,581. 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

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following SOP 98-2 (ASC 958-720)

Form 990 (2022)

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Net Assets or Fund Balances

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		ADVICE AND AID PREGNANCY CENTERS, I	NC.	48-	1055953
-	990 (2				Page <b>11</b>
Pa	rt X				
		Check if Schedule O contains a response or note to any line in this P			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	753,408.	1	574,600.
	2	Savings and temporary cash investments.	1,200,622.	2	1,315,631.
	3	Pledges and grants receivable, net	176,118.	3	136,970.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from 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	NONE	5	NONE
	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).	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	15,972.	8	17,838.
Ä	9	Prepaid expenses and deferred charges	NONE	9	NONE
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,086,433.			
	b	Less: accumulated depreciation <b>10b</b> 281,186.	539,926.	10c	805,247.
	11	Investments - publicly traded securitiesSEE_SCHEDULE_O	NONE	11	463,335.
	12	Investments - other securities. See Part IV, line 11	121,988.	12	541,780.
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	62,687.	15	1,580,591.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,870,721.	16	5,435,992.
	17	Accounts payable and accrued expenses	22,750.	17	237,808.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
liti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE	25	1,576,191.
	26	Total liabilities. Add lines 17 through 25	22,750.	26	1,813,999.
Balances		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	2,844,728.	27	3,609,065.
a			2,011,720.		3,005,005.

Total liabilities and net assets/fund balances

Net assets with donor restrictions.

and complete lines 29 through 33.

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances .....

. . . . .

Form 990 (2022)

3,621,993.

5,435,992.

12,928.

3,243.

2,847,971.

2,870,721

. .

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	ADVICE AND AID PREGNANCY CENTERS, INC. 48-10	55953			
Form 99	90 (2022)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>384</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	89,	<u>968</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			416
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			<u>971</u>
5	Net unrealized gains (losses) on investments	5			<u>075</u>
6	Donated services and use of facilities	6	-	14,	<u>319</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3,6	<u>21,</u>	<u>993</u>
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b		
			Form	990	(2022)

SCHE		A
(Form	990)	

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.

OMB No. 1545-0047 2

	artment of the Treasury nal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest informatio					on. Inspection			
Nam	e of the organization						Employer identi	fication number			
AD			CENTERS, INC					.055953			
Pa	rt I Reason f	or Public Ch	arity Status. (All	organizations must	comple	te this p	part.) See instructio	ns.			
				is: (For lines 1 throu	•		,				
1				tion of churches desc			70(b)(1)(A)(i).				
2				. (Attach Schedule E	-						
3			-	rganization described							
4		-		conjunction with a ho	spital des	scribed ir	n section 170(b)(1)(A	)(III). Enter the			
F		ne, city, and si				l or one	rated by a gavernm	ental unit described ir			
5		-	Complete Part II.)	a college of universit	ly owned	a or ope	rated by a governm	ental unit described if			
6				rnmental unit describe	d in sect	ion 170(	$h(1)(\Delta)(v)$				
7		-	-			-		om the general public			
•			)(1)(A)(vi). (Compl		pport in	in a go		oni the general public			
8				<b>b)(1)(A)(vi).</b> (Complete	e Part II.)						
9				ed in section 170(b)(1	-	operated	I in conjunction with a	a land-grant college			
			-	griculture (see instruct		-	-				
	university:							-			
10 11	receipts from support from acquired by t	activities rela gross investm he organizatio	ted to its exempt f nent income and u on after June 30, 1	ore than 331/3% of its functions, subject to c nrelated business tax 975. See <b>section 509</b> usively to test for publ	ertain ex able inco (a)(2). (C	ceptions me (less complete	s; and (2) no more tha s section 511 tax) fron e Part III.)	n 331/3 % of its			
12	An organizati	on organized a	and operated exclu	sively for the benefit of	of, to perf	orm the	functions of, or to ca	rry out the purposes of			
	one or more j	oublicly suppo	rted organizations	described in section :	509(a)(1)	or sect	ion 509(a)(2). See se	ction 509(a)(3). Check			
	the box on lin	es 12a throug	h 12d that describ	es the type of suppor	rting orga	nization	and complete lines	12e, 12f, and 12g.			
а	Type I. A s	upporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s)	typically by giving			
	the support	ed organizatio	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or trust	ees of the			
		-	-	e Part IV, Sections A							
b				ed or controlled in co							
		-		rganization vested in	the sam	e persor	ns that control or main	nage the supported			
	-		-	, Sections A and C.							
С	••	-		ng organization opera				illy integrated with,			
<b>ا</b> م	· ·	•		ns). You must comple porting organization of				rtad arganization(a)			
d		-		nization generally must	•			• • • • •			
		-		omplete Part IV, Sect	-		-	an allentiveness			
е			-	a written determinatio				II. Type III			
•		-		ionally integrated sup				, . , p o			
f											
g	Provide the follow	wing information	on about the suppo	orted organization(s).							
	(i) Name of supported	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the oliver listed in you docur	ur governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al										
For	Paperwork Reduction	on Act Notice, s	see the Instructions	for Form 990 or 990-EZ.			s S	chedule A (Form 990) 2022			

Page 2

Schedule A (Form 990) 2022

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	970,918.	1,328,067.	1,426,325.	1,932,353.	2,147,446.	7,805,109.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	970,918.	1,328,067.	1,426,325.	1,932,353.	2,147,446.	7,805,109.
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).						NONE
6	Public support. Subtract line 5 from line 4						7,805,109.
	tion B. Total Support						.,,
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	970,918.	1,328,067.	1,426,325.	1,932,353.	2,147,446.	7,805,109.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			2,432.	2,933.	10,552.	15,917.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						7,821,026.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2022 (lin					14	99.80 <b>%</b>
15	Public support percentage from 2021						99.92 <b>%</b>
16a	331/3% support test - 2022. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and <b>stop here.</b> The organization qu			-			
b	331/3% support test - 2021. If the org						
	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	
	Part VI how the organization meets t organization			-			
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz	-					
	in Part VI how the organization meets					-	-
	organization			-	-		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2022

Page 3

Schedule A	(Form	990	) 2022
Conociatio /		000	, 2022

 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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	<u> </u>					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	<u> </u>					
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						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		(a) 2010	(6) 2013	(6) 2020	(0) 2021	(6) 2022	(i) iotai
9 10 a	Amounts from line 6 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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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						
13	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for	r the organizati	on's first secor	d third fourth	or fifth tax ve	l var as a section	501(c)(3)
••	organization, check this box and <b>stop here</b>	0	,	, , ,	,		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8			ımn (f))		15	%
16	Public support percentage from 2021 Sche	.,	-			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (li			13, column (f))		17	%
18	Investment income percentage from 2021					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the org	-	•	-			
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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## 48-1055953

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1

2

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

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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? 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.

#### 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)? 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).
 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			
pro	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? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, 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</i>			
	supported organizations played in this regard.	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 ins	truction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr <u>uct</u>	ions	).
•	And Mars Track American Process of the law	Ye	es	N
2	Activities Test. Answer lines 2a and 2b below.			
_	Did substantially all of the experimetical estivities during the tax year directly further the exempt surpass of			

а	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? 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.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b 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? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

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Schedule A (For	m 990) 2022
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### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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.

Se	ction 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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection 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):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
	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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
<u> </u>	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

## **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

ADVICE AND AID PREGNANCY CENTERS, INC.		48-1055953
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
 (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	3 (Form 990) (2022)		Page 2
Name of o	organization ADVICE AND AID PREGNANCY CENTER	RS, INC.	Employer identification number 48-1055953
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	<u>N/A</u>	\$279,374.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$80,570.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$367,054.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

ADVICE AND ALD PREGNANCY CENTERS. INC		Employer identification number 48-1055953		
	•			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	   \$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	ADVICE AND AID PREGNANCY CENTERS, INC Noncash Property (see instructions). Use duplicate copies (b) Description of noncash property given (b) Description of noncash property given	ADVICE AND AID PREGNANCY CENTERS, INC.     48-       Noncash Property (see instructions). Use duplicate copies of Part II if additional space is ne     (c)       Description of noncash property given     (c)       (b)     FMV (or estimate)       Description of noncash property given     (c)       (b)     FMV (or estimate)       (c)     (c)       (c)     FMV (or estimate)       (c)     (c)       (c)     FMV (or estimate)       (c)     FMV (or estimate)       (c)     (c)       (c)     (c) </td		

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Schedule B (Form 990) (2022)

	(Form 990) (2022)			Page <b>4</b>
Name of o	5			Employer identification number
	ADVICE AND AID PREGNA			48-1055953
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this in	one contributor. ( t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I				(u) Description of now girt is neid
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transforce's name address of	(e) Transf	-	ship of transferor to transferee
	Transferee's name, address, a			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
JSA				Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)			ental Financial Statements		OMB No.	1545-0047
<b>`</b>	,	-	e organization answered "Yes" on Form 990,	<b></b>	20	) <b>22</b> (
		Part IV, line 6, 7, 8	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	20.	Opent	o Public
	artment of the Treasury	Go to your irs gov/	Attach to Form 990. Form990 for instructions and the latest informat	ion	Inspec	
	nal Revenue Service e of the organization	Go to www.ii3.gov/i		Employer identific		
	-					
		PREGNANCY CENTERS, INC.		48-1055	953	
Pa			sed Funds or Other Similar Funds or /	Accounts.		
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.			
			(a) Donor advised funds	(b) Funds and	d other accour	its
1	Total number at e	nd of year				
2	Aggregate value o	of contributions to (during year).				
3	Aggregate value of	of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizat	ion inform all donors and donor	advisors in writing that the assets held in	n donor advised		
	funds are the orga	inization's property, subject to the	organization's exclusive legal control?		Yes	No No
6	Did the organizati	on inform all grantees, donors, a	nd donor advisors in writing that grant fur	nds can be used		
	only for charitable	purposes and not for the benef	it of the donor or donor advisor, or for an	y other purpose		
	conferring imperm	issible private benefit?			Yes	No
Pa		tion Easements.				
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 7.			
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).			
	Preservatio	n of land for public use (for example	, recreation or education)	f a historically in	nportant lar	nd area
	Protection of	of natural habitat	Preservation o	f a certified histo	oric structur	е
	Preservatio	n of open space				
2			eld a qualified conservation contribution in <u>t</u>	he form of a cor	nservation	
		ast day of the tax year.	· · [		e End of the	Tax Year
а				2a		
b				2b		
c	-	-		2c		
d			acquired after July 25, 2006, and not on			
ŭ			-	2d		
3			nsferred, released, extinguished, or termin		anization	during the
5	tax year		isteried, released, extinguished, or termin	area by the org	Janization	auning the
4			rvation easement is located			
5			parding the periodic monitoring, inspection			
3			sements it holds?		Vaa	
6			ecting, handling of violations, and enforcing c		Yes	
6	Starr and volunteer	nours devoted to monitoring, inspe	ecting, nanoling of violations, and enforcing c	Unservation easer	nents during	y the year
7			ing bondling of violations, and enforcing ac-		o o o to durio	~ +
7	Amount of expens	ses incurred in monitoring, inspect	ing, handling of violations, and enforcing cor	Iservationeasen	nents durin	g the year
•				- 470(L)(4)(D)()		
8		•	2(d) above satisfy the requirements of section			
					└── Yes	└── No
9		•	ports conservation easements in its rev			
			of the footnote to the organization's fina	incial statements	s that des	cribes the
		ounting for conservation easement		0		
Pa			of Art, Historical Treasures, or Other	Similar Assets	5.	
	•		"Yes" on Form 990, Part IV, line 8.			
	16.41					

1a	If the organization elected, as permitted under FASB 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.
ь.	If the energiastic elected as nearlited under FACE ACC 050, to report in its revenue statement and helpers, short works of

D	In the organization elected, as permitted under FASE ASC 956, 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 FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990. Part X

For Pa	aperwork Re	eduction	Act Notice,	see the	Instruction	ns for F	orm 990.
JSA							
2E1268	1.000						
	0729IY	568N	11/08/2	023 1	L3:33:1	.1 V2	22-7.4F

Schee	lule D (Form 990) 2022 ADV	ICE AND A	ID PREC	GNANCY	CENTE	RS, 1	ENC.			48-1	055953	Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Collectio	ons of Art	t, Histor	ical Tre	easure	s, or	Other	Similar A	Assets (c	continued	d)
3	Using the organization's acquisition	on, accession	, and othe	er record	ls, checł	k any c	of the	follow	ing that n	nake sigr	nificant us	e of its
	collection items (check all that app	ly):										
а	Public exhibition			d		or exch	ange	progra	m			
b	Scholarly research			e	Other							
С	Preservation for future gene											
4	Provide a description of the organ	nization's col	ections ai	nd expla	in how t	hey fu	rther	the or	ganization'	s exempt	purpose	in Part
-	XIII.				and black				- (1			
5	During the year, did the organization assets to be sold to raise funds rath									_	Yes	No
Da	rt IV Escrow and Custodial A			eu as pai		Jiyaniz	alion	s collet			165	
Ιa	Complete if the organiza	•		on Forn	n 990 F	Part IV	line	9 or r	eported a	n amour	nt on For	m
	990, Part X, line 21.		04 100		, .	urtry,	,	0, 01 1	oponoa a	in anno an		
1a	Is the organization an agent, trus	tee, custodia	n or othe	r interm	ediary fo	or cont	ributio	ons or	other ass	ets not		
	included on Form 990, Part X?									[	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII an	d complet	e the foll	owing tab	ole:						
										Amount		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an am										Yes	No
	If "Yes," explain the arrangement i rt V Endowment Funds.	n Part XIII. C	neck nere	If the ex	planation	nas be	en pr	ovided	on Part XII			
Pa	rt V Endowment Funds. Complete if the organiza	ation answer	ed "Yes"	on Forr	n 990 F	Part IV	line	10				
		(a) Current		(b) Prior			o years		(d) Three y	ears back	(e) Four ye	ears back
10	Beginning of year balance	()		(1)	<b>,</b>	. ,			(1)		(,, ,,	
1a b	Contributions											
c	Net investment earnings, gains,											
U	and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		t year end	l balance	(line 1g,	columr	n (a))	held as	:			
а	Board designated or quasi-endown		%									
b	Permanent endowment	%										
С	Term endowment %			0/								
20	The percentages on lines 2a, 2b, a Are there endowment funds not in		-		ion that	ara hal	ld one	ladmir	viotorod for	the		
Ja	organization by:	the possessi		Jiganiza	ion that	are nei	iu and	aumi	iistered for	line	Y	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate										3b	
4	Describe in Part XIII the intended u	•		•								
Ра	rt VI Land, Buildings, and Equ	uipment.						44- 0	о <b>Г</b>	000 D-	at M. Bara	40
	Complete if the organization of property		Cost or othe		n 990, I (b) Cost (				See Form		IT X, IINE	
		(a	(investme			ther)	4010		eciation	(u		
1a	Land											
b	Buildings					505,1·			39,208.			,938.
C	Leasehold improvements					27,4			64,709.			,755.
d	Equipment				1	.00,4			44,389.			,092.
e Tota	Other I. Add lines 1a through 1e. (Column	(d) must ser	ial Form O	00 Part	X colum	53,3·			32,880.			,462.
rota	. Add lines ta through te. (Column	(u) must eqt	an r-0i111 9	ou, rdii i	ν, συμπη	ווו <i>, נ</i> םן ר					805	,247.

Schedule D (Form 990) 2022

#### 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) CERTIFICATES OF DEPOSITS- LT	NONE	COST
(B) CASH, SWEEPS AND MONEY MARKETS	541,780.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	541,780.	

#### 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>(b)</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.)		

#### Other Assets. Part IX

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)RENT DEPOSIT	7,251.
(2) PREPAID BANQUET FEE	5,000.
(3) PREPAID INSURANCE	8,024.
(4) PREPAID SOFTWARE	3,361.
(5) OTHER ACCOUNTS RECEIVABLE	999.
(6)RIGHT OF USE ASSET - OPERATING	1,546,444.
(7)RIGHT OF USE ASET - FINANCE	9,512.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,580,591.

#### 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)OPERATING LEASE LIABILITY		1,566,635.
(3)FINANCE LEASE LIABILITY		9,556.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, co	I. (B) line 25.)	1,576,191.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

X

	He D (Form 990) 2022 ADVICE AND AID PREGNANCY CENTERS, INC.	48-	-1055953 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total revenue, gains, and other support per audited financial statements	. 1	2,281,336.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a2,075.		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	92,947.
3	Subtract line 2e from line 1		2,188,389.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b109,879.		
с	Add lines 4a and 4b	4c	-108,005.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	2,080,384.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	turn.	
1	Total expenses and losses per audited financial statements	1	1,507,314.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	
- a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	-	219,220.
3	Subtract line 2e from line 1		1,288,094.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•	<u> </u>
-	Investment expenses not included on Form 990. Part VIII line 7b 4a 1,874		
а		_	
a b	Other (Describe in Part XIII.)		1,874.
а		4c	<u>    1,874.</u> 1,289,968.

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.

SEE SUPPLEMENTAL PAGE

FORM 990, SCHEDULE D, PART XI, LINE 4B

FUNDRAISING EVENT EXPENSES ARE NETTED AGAINST FUNDRAISING REVENUE FOR PART VIII. FUNDRAISING EVENT EXPENSES ARE REPORTED IN THE STATEMENT OF FUNCTIONAL EXPENSES FOR THE AUDITED FINANCIAL STATEMENTS.

FORM 990, SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EVENT EXPENSES ARE NETTED AGAINST FUNDRAISING REVENUE FOR PART VIII. FUNDRAISING EVENT EXPENSES ARE REPORTED IN THE STATEMENT OF FUNCTIONAL EXPENSES FOR THE AUDITED FINANCIAL STATEMENTS.

FORM 990, SCHEDULE D, PART X, LINE 2, FIN 48 FOOTNOTE

THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) CODIFICATION TOPIC INCOME TAXES. INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND REQUIRES THE ORGANIZATION TO RECOGNIZE IN THEIR FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UNDER AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS ASSESSED THE TAX POSITIONS OF THE ORGANIZATION AND DETERMINED THAT NO POSITIONS EXIST THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE G (Form 990)		he organization answe	formation Regarding Fundraising or Gaming Activities organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						
(	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.								
Department of the Treasury Internal Revenue Service	G	to www.irs.gov/Form9					Open to Public Inspection		
Name of the organization		-				Employer identificat			
ADVICE AND AID	PREGNANCY CENT	ERS, INC.				48-10559	53		
Part I Fundraisi	ng Activities. Comp	olete if the organ	ization ar	nswered "	Yes" on Form 99	0, Part IV, line	17.		
Form 990	-EZ filers are not re	equired to comple	ete this pa	art.					
1 Indicate whethe	er the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.			
a Mail solicit	ations	е			non-government g				
	d email solicitations	f			government grants	6			
c Phone soli		g	Spe	cial fundra	ising events				
d logical in-person s		* a * al a a * a a m a n t u	uith anu in	مانينا برما (نم	aludian officers d	ire store trustees			
	ation have a written o es listed in Form 990						Yes No		
	10 highest paid indi						fundraiser is to be		
compensated a	t least \$5,000 by the	organization.							
<b>(i)</b> Name and add or entity (		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1									
2									
3									
-									
5									
6									
7									
8									
9									
0									
10									
		1	1						
Total		<u></u>	<u></u> .						
3 List all states in	n which the organiza	tion is registered o	or licensed	d to solicit	contributions or	has been notified	d it is exempt from		
registration or li	censing.								

ADVICE AND AID PREGNANCY CENTERS, INC.

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.

		gross receipts greater than \$5,00	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WALK FOR LIFE	BANQUET	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne						
Revenue	1	Gross receipts	192,301.	1,012,544.		1,204,845.
Re						
_		Less: Contributions	192,301.	981,744.		1,174,045.
	3	Gross income (line 1 minus				
		line 2)		30,800.		30,800.
	4	Cash prizes				
	-	Newseek aviese				
	5	Noncash prizes	4,661.			4,661.
es	6	Rent/facility costs		9,230.		0.020
ens	U	Kent/facility costs		9,230.		9,230.
ďx	7	Food and beverages	853.	47,621.		48,474.
ш	<b>'</b>		000.	47,021.		10,1/1.
<b>Direct Expenses</b>	8	Entertainment	1.050.	6,500.		7,550.
Δ						.,
	9	Other direct expenses	4,978.	34,986.		39,964.
	10	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in col	umn (d)		109,879.
	11	Net income summary. Subtract I	ine 10 from line 3, col	umn (d)		-79,079.
Pa	irt II	Gaming. Complete if the org	anization answered "	Yes" on Form 990, I	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	e 6a.			
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) 2	bingo/progressive bingo	(1)	col. (a) through col. (c))
Se <		0				
<u> </u>	1	Gross revenue				
6						
se	2	Cash prizes				
<b>Direct Expenses</b>	2	Noncash prizos				
X	ာ	Noncash prizes				
ŭ	4	Rent/facility costs				
Dire	-					

5										
	5 Other direct expenses									
			Yes	%	Yes	%		Yes	%	
	6 Volunteer labor	[[	No		No			No		
	<ul> <li>7 Direct expense summary. Add lines 2 through 5 in column (d)</li> </ul>									
	8 Net gaming income su	ummary. Su	btract line 7 f	rom 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?
  b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
   Yes
   No
   If "Yes," explain:

Schedule G (Form 990) 2022

Sched	dule G (Form 990 or 990-EZ) 2022 ADVICE AND AID PREGNANCY CENTERS, INC. 48-1	055953	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	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 ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b			
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	)	
	retain the state gaming license?	Yes	No
b			
	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		
Par	<b>t IV</b> Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor (see instructions).		

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 2

22

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 instructions and the latest information.

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

# ADVICE AND AID PREGNANCY CENTERS, INC. Part I Types of Property

48-1055953

Par	Types of Flopenty				
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> 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	х		19,870.	SALE OF COMP. PROP.
6	Cars and other vehicles				
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 ►( SEE SUPP PAGE )		7.	19,606.	
26	Other ►()				
27	Other ►()				
28	Other ►( )				
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ear for contributions for	
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29
					Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required
	to be used for exempt purposes for	the entire h	olding period?		30a X
b	If "Yes," describe the arrangement i	n Part II.			
31	Does the organization have a	gift accept	tance policy that require	es the review of any i	nonstandard
	contributions?				<b>31</b> X
32a	Does the organization hire or use				
	contributions?				<b>32a</b> X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,
	describe in Part II.				
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for For	rm 990.		Schedule M (Form 990) 202

JSA

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.

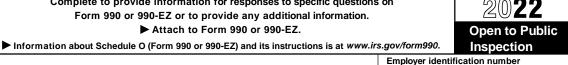
SCHEDULE M, PART I	- OTHER N	ONCASH CONTRIBUTION	IS	
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	= (C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CARDS OFFICE FURNITUR EDUCATIONAL SUP	X X X X	1 6	8,401. 10,705. 500.	PURCHASE VALUE SALE OF COMP PRO PURCHASED ITEMS
TOTALS	=	 7. ========	19,606.	

Department of the Treasury

Internal Revenue Service Name of the organization

### 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.



48-1055953

OMB No. 1545-0047

#### ADVICE AND AID PREGNANCY CENTERS, INC.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER

OF THE BOARD OF DIRECTORS. ALL COMMENTS/QUESTIONS WERE ADDRESSED WITH

THE TAX RETURN PREPARER BEFORE THE RETURN WAS FILED.

#### FORM 990, PART VI, LINE 12C - MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE BOARD OF DIRECTORS AT

THE MONTHLY BOARD OF DIRECTORS MEETING.

#### FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS

THE ONLY OFFICER OR DIRECTOR WHO RECEIVES COMPENSATION IS THE EXECUTIVE DIRECTOR. AN ANNUAL PERFORMANCE REVIEW IS DONE BY THE PRESIDENT OF THE BOARD WITH INPUT FROM THE BOARD MEMBERS. THE BOARD OF DIRECTORS REVIEWS SALARY DATA AND OTHER RELEVANT INFORMATION TO DETERMINE THE COMPENSATION FOR THE EXECUTIVE DIRECTOR.

#### FORM 990, PART VI, SECTION C, LINE 19

ALL REQUIRED INFORMATION IS MADE AVAILABLE UPON REQUEST OF ANY INTERESTED PARTY. ALL REQUIRED INFORMATION IS KEPT IN THE EXECUTIVE DIRECTOR'S OFFICE AND IS AVAILABLE DURING POSTED OFFICE HOURS.

FORM 990, PART III - PROGRAM SERVICE

#### LINE 4A, PROGRAM SERVICE

#### \_\_\_\_\_

ADVICE & AID PREGNANCY CENTERS PROVIDES LIMITED MEDICAL SERVICES AS WELL AS EDUCATION TO FAMILIES FACING AN UNPLANNED PREGNANCY AT SOME OF THE SERVICES INCLUDE PREGNANCY TESTING, NO CHARGE. SONOGRAMS, STD/STI TESTING AND TREATMENT, POST-ABORTIVE CARE, AND ABORTION PILL REVERSAL. WE EDUCATE FAMILIES THROUGH OUR PEER COUNSELING, PARENTING PROGRAMS, AND INDIVIDUAL EDUCATION CLASSES. WE ALSO OFFER EARLY PREGNANCY CONSULTATIONS, WHICH INVOLVE AN APPOINTMENT WITH ONE OF OUR REGISTERED NURSES AND A SOCIAL WORKER. OUR SOCIAL WORKERS PROVIDE CARE MANAGEMENT FOR CLIENTS WHO MIGHT NEED ADDITIONAL HELP IN CERTAIN AREAS. IN 2022 OUR STAFF SERVED 808 INDIVIDUALS AT 1,484 VISITS. OUR TEAM PERFORMED 734 PREGNANCY TESTS. 505 INDIVIDUALS WERE TESTED FOR STD/STIS AND 71 RECEIVED TREATMENT. OUR LICENSED MEDICAL PROFESSIONALS PERFORMED 725 SONOGRAMS FOR THE PURPOSE OF DETERMINING THE VIABILITY OF THE PREGNANCY. THIRTEEN WOMEN CAME IN FOR POST-ABORTION ASSESSMENT. WITH THE ABORTION PILL REVERSAL PROTOCOL, WE TREATED 7 INDIVIDUALS IN THE HOPE OF REVERSING THE EFFECTS OF THE FIRST ABORTION PILL AND 3 SUCCESSFULLY CONTINUED THEIR PREGNANCIES. WE HAD ABOUT 112 INDIVIDUALS PARTICIPATE IN OUR EDUCATION PROGRAMS IN ADDITION TO 29 CHILDREN. OUR CARE MANAGEMENT TEAM SERVED 66 CLIENTS, IN ADDITION TO THE 58 WHO PARTICIPATED IN AN EARLY PREGNANCY CONSULTATION. AT THE END OF 2022, WE LEARNED OF 211 BABIES BORN TO WOMEN WE SERVED.

zation		Employer identification number
ND AID PREGNANCY	CENTERS, INC.	48-1055953

#### \_\_\_\_\_

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS EXCHANGE TRADED FUNDS	122,866. 340,469.	FMV FMV
TOTALS	463,335. ========	

### Regulation Section 1.263(a)-1(f) - De Minimis Safe Harbor Election

Taxpayer Name:	ADVICE	AND	AID	PREGNANCY	CENTERS,	INC.	
Taxpayer Address:							
Taxpayer ID Number:	<u>48-1055</u>	953	_				
Year-End:	12/31/2	022					

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.

## Regulation Section 1.263(a)-3(n) - Election to Capitalize Repair and Maintenance Costs

Taxpayer Name:	ADVICE	AND	AID	PREGNANCY	CENTERS,	INC.	
Taxpayer Address:							
Taxpayer ID Number:	<u>48-1055</u>	953	_				
Year-End:	12/31/2	2022					

Under IRC Regulation Section 1.263(a)-3(n), the taxpayer hereby elects to capitalize repair and maintenance costs.