

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

OMB No 1545-1150

1998

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 1998 calendar year, OR tax year beginning , 1998, and ending , 19

- B Check if: Change of address, Initial return, Final return, Amended return (required also for state reporting)

C Name of organization: PREGNANCY CARE CENTER, INC. Number and street: 108 W. MERCHANT STREET City: AUDUBON, NEW JERSEY 08106

D Employer identification number: 22 : 2624026 E Telephone number: 856-547-0044 F Check if exemption application is pending H Enter four-digit group exemption number (GEN)

G Accounting method: [X] Cash [] Accrual [] Other (specify)

I Type of organization: [X] Exempt under section 501(c)() (insert number) OR [] section 4947(a)(1) nonexempt charitable trust Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

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

K Enter the organization's 1998 gross receipts (add back lines 5b, 6b, and 7b, to line 9) \$ 40164 If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 30)

Table with 21 rows for revenue and expenses, and 5 rows for net assets. Includes handwritten notes and stamps like 'RECEIVED SEP 14 2005' and 'IRSC-OSC SEP 07 2005 OGDEN, UT'.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See Specific Instructions on page 34)

Table with 7 rows for balance sheet items (Cash, Land, Other assets, Total assets, Total liabilities, Net assets) and columns for (A) Beginning of year and (B) End of year.

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

RCVD IN BATCHING No 100421 SEP 23 2005 Form 990-EZ (1998)

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SCANNED OCT 12 2005 ENVELOPE POSTMARK DATE SEP 02 2005

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 34)		Expenses
What is the organization's primary exempt purpose? CRISIS PREGNANCY		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	(Grants \$)	28a
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Specific Instructions on page 34)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JUDITH MAC MILLAN	VAR	0	0	0
CARL F. HULFISH	VAR	0	0	0

Part V Other Information (See Specific Instructions on page 35)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b		
39	501(c)(7) organizations —Enter a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations —Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	501(c)(3) and (4) organizations —Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach an explanation		✓
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter Amount of tax on line 40c, above, reimbursed by the o		
41	List the states with which a copy of this return is filed ▶ NEW		
42	The books are in care of ▶ CARL F. HULFISH & ASSOC. P Located at ▶ 68 TANNER STREET, HADDONFIELD, NEW		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 99 and enter the amount of tax-exempt interest received or accr		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete Declaration of preparer (See General Instruction U, page 12)

Signature of officer: *Joanne Thomas* Date: _____

Paid Preparer's Use Only

Preparer's signature: *Carl F. Hulfish*

Firm's name (or yours if self-employed) and address: **CARL F. HULFISH & ASSOC. 68 TANNER STREET, HADDONFIELD, NJ**



PREGNANCY CARE CENTER, INC.
FORM 990-EZ
YEAR 1998

PAGE ONE: LINE 16: OTHER EXPENSES

CONFERENCES	34
DUES AND SUBSCRIPTIONS	120
INSURANCE	356
REPAIRS AND MAINTENANCE	99
OFFICE SUPPLIES	730
PETTY CASH	625
POSTAGE AND DELIVERY	1,122
SUPPLIES	125
TELEPHONE	8,679
UTILITIES	2,005
VOLUNTEER TRAINING	1,433
TAXES-PAYROLL	390
INSERTS/BOOKS/NEWS	2,041
MISC. COSTS	339
FUND RAISING COSTS	<u>4,700</u>
<u>TOTAL</u>	22,798

Statement Concerning Late Filing of Return
Pregnancy Care Center, Inc. EIN: 22-2624026

Pregnancy Care Center, Inc. requests that assessment of any and all penalties associated with the late filing of this return be waived due to the reasonable cause as set forth in this statement. The former Treasurer of this charitable organization failed to prepare and file the Form 990-EZ for 1998 on a timely basis without the knowledge or consent of the charity. The former Treasurer of the charity was also the charity's accountant and he was entrusted with the duty to keep records and file the organization's tax returns.

During the year covered by this return the charity had an accountant serve on its Board of Directors in the position of Treasurer. This was a volunteer position. The taxpayer relied upon this individual to prepare and file all of its tax returns. The Board of Directors, made up entirely of volunteers, relied upon the Treasurer's expertise in performing his duties. The Executive Director of the charity during these six years was also a volunteer. She also relied upon the Treasurer to perform his duties. The Board of Directors and the Executive Director were never aware that the returns had not been filed during these years. The Treasurer gave reports to the Board at its regular meetings advising of the financial status of the charity and at no time did he make the Board aware that any required returns had not been filed.

In approximately late 2003 the Treasurer's malfeasance was discovered, however, it took many more months for this taxpayer to determine the extent of unfiled returns. The Treasurer has since been removed from the Board of Directors. At the end of 2004 the charity hired a new Executive Director. During 2004 and into 2005 the charity has completely changed its financial procedures. There are now several employees who input income and expenses into the charity's computer program. Therefore, there are more checks and balances so that no one person is solely responsible for all financial aspects of the charity. During the last year and half the taxpayer and its new Executive Director have been diligent in obtaining the information necessary to complete the attached return. This was a lengthy process since all the financial records for the charity were in the care and control of the Treasurer who had neglected his duties.

The charity did not receive any notices concerning the failure to file the Form 990 for 1998 because the former Treasurer had changed the address of the charity to his own address. Thus the Executive Director and Board of Directors had no independent knowledge of the failure to file. All reporting concerning these matters to the charity was done by the former Treasurer.

In the event that this taxpayer must pay penalties for the late filing of this return it will have a disastrous effect on the charity's finances. The financial havoc caused by the former Treasurer has cost the charity nearly \$25,000 in additional penalties and interest for late filing of both federal and state tax returns. The charity has already had to lay off several employees in order to preserve its finances. It has cut back on the services it renders to the community, for instance it has temporarily suspended employee training, educational services and marketing programs. At this time, while striving to get its financial affairs in order, the charity is unable to qualify for certain grants which further reduces its ability to provide charitable services.

Power of Attorney and Declaration of Representative

OMB No. 1545-0150
 For IRS Use Only
 Received by _____
 Name _____
 Telephone _____
 Function _____
 Date / /

▶ Type or print. ▶ See the separate instructions.

Part I **Power of Attorney**
Caution: Form 2848 will not be honored for any purpose other than representation before the IRS

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address Pregnancy Care Center, Inc. 1500 N. Kings Highway #110 Cherry Hill NJ 08034	Social security number(s) _____ _____ _____	Employer identification number 22 : 2624026 Plan number (if applicable)
		Daytime telephone number ()

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address Kenneth W. Landis, Esq. 311 W. Cuthbert Blvd. Haddon Township NJ 08108	CAF No. 2000-31419R Telephone No. (856)858-4722 Fax No. (856)858-8616 Check if new: Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>
Name and address Betsy Gherson, EA 311 W. Cuthbert Blvd Haddon Township NJ 08108	CAF No. 2005-87512R Telephone No. (856)858-4722 Fax No. (856)858-8616 Check if new. Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Cheryl A. Gorski, Esq. 311 W. Cuthbert Blvd. Haddon Township NJ 08108	CAF No. 2005-38960R Telephone No. (856)858-4722 Fax No. (856)858-8616 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters.

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Income	990	1998 through 2006
Employment	941	1998 through 2006

sent to POA

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific uses not recorded on CAF.**

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below

Name of representative to receive refund check(s) ▶

- 7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a If you also want the second representative listed to receive a copy of notices and communications, check this box
- b If you do not want any notices or communications sent to your representative(s), check this box

8 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here.

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 **Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign. If joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Joanne Thomas Signature *8/11/05* Date *Executive Director* Title (if applicable)

Joanne Thomas Print Name PIN Number Print name of taxpayer from line 1 if other than individual

Signature Date Title (if applicable)

Print Name PIN Number

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
 - h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 2 of the instructions.

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation—Insert above letter (a-h)	Jurisdiction (state) or identification	Signature	Date
a	NJ, PA	<i>[Signature]</i>	<i>8/17/05</i>
c	2004-64446	<i>Betsy Johnson</i>	<i>8-17-05</i>
a	NJ	<i>[Signature]</i>	<i>8/17/05</i>

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