

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

75-2548774

FORT WORTH CRISIS PREGNANCY CENTER

Net Asset / Fund Balance at Beginning of Year		<u>837,650</u>
Revenue		
Contributions	<u>595,075</u>	
Program service revenue		
Investment income	<u>644</u>	
Capital gain / loss	<u>-4,877</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses	<u>6,074</u>	
Net income	<u>-6,074</u>	
Other income	<u>0</u>	
Total revenue		<u>584,768</u>
Expenses		
Program services	<u>238,710</u>	
Management and general	<u>103,081</u>	
Fundraising	<u>98,830</u>	
Total expenses		<u>440,621</u>
Excess / (deficit)		<u>144,147</u>
Changes		<u>-580</u>
Net Asset / Fund Balance at End of Year		<u>981,217</u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>584,768</u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>440,621</u>

	Beginning	Ending	Differences
Assets	<u>837,683</u>	<u>1,059,881</u>	
Liabilities	<u>33</u>	<u>78,664</u>	
Net assets	<u>837,650</u>	<u>981,217</u>	<u>143,567</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/21
Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20 _____

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

2020

Name of exempt organization or person subject to tax

FORT WORTH CRISIS PREGNANCY CENTER

Taxpayer identification number

75-2548774

Name and title of officer or person subject to tax

SHELLEY LEE
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>584,768</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **PSK LLP** to enter my PIN **48774** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Shelley Lee

Date

06/22/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

06/22/21

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning , and ending

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization FORT WORTH CRISIS PREGNANCY CENTER</p> <p>Doing business as FORT WORTH PREGNANCY CENTER</p> <p>Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 11437 Room/suite</p> <p>City or town, state or province, country, and ZIP or foreign postal code FORT WORTH TX 76110</p> <p>F Name and address of principal officer: SHELLEY LEE P.O. BOX 11437 FORT WORTH TX 76110</p>	<p>D Employer identification number 75-2548774</p> <p>E Telephone number 817-924-9110</p> <p>G Gross receipts \$ 595,719</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p>
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<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	<p>J Website: WWW.FWPC.ORG</p>	<p>H(c) Group exemption number u</p>
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u</p>	<p>L Year of formation: 1994</p>	<p>M State of legal domicile: TX</p>

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O</p>		
	<p>2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
	<p>3 Number of voting members of the governing body (Part VI, line 1a)</p>	3	11
	<p>4 Number of independent voting members of the governing body (Part VI, line 1b)</p>	4	11
	<p>5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)</p>	5	9
	<p>6 Total number of volunteers (estimate if necessary)</p>	6	23
	<p>7a Total unrelated business revenue from Part VIII, column (C), line 12</p>	7a	0
<p>b Net unrelated business taxable income from Form 990-T, Part I, line 11</p>	7b	0	
Revenue	<p>8 Contributions and grants (Part VIII, line 1h)</p>	Prior Year	Current Year
	<p>9 Program service revenue (Part VIII, line 2g)</p>	632,561	595,075
	<p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</p>	2,005	-4,233
	<p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</p>	-60,341	-6,074
	<p>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</p>	574,225	584,768
	Expenses	<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</p>	720
<p>14 Benefits paid to or for members (Part IX, column (A), line 4)</p>		365,566	408,518
<p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</p>		159,783	32,103
<p>16a Professional fundraising fees (Part IX, column (A), line 11e)</p>		526,069	440,621
<p>b Total fundraising expenses (Part IX, column (D), line 25) u 98,830</p>		48,156	144,147
<p>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</p>		526,069	440,621
Net Assets or Fund Balances	<p>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</p>	48,156	144,147
	<p>19 Revenue less expenses. Subtract line 18 from line 12</p>	48,156	144,147
	<p>20 Total assets (Part X, line 16)</p>	Beginning of Current Year	End of Year
	<p>21 Total liabilities (Part X, line 26)</p>	837,683	1,059,881
<p>22 Net assets or fund balances. Subtract line 21 from line 20</p>	33	78,664	
		837,650	981,217

Part II Signature Block

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

Sign Here	<p>Signature of officer SHELLEY LEE</p>	<p>Date</p>
	<p>Type or print name and title CEO</p>	

Paid Preparer Use Only	<p>Print/Type preparer's name KATHY HOWLETT</p>	<p>Preparer's signature</p>	<p>Date 06/22/21</p>	<p>Check <input type="checkbox"/> if self-employed</p>	<p>PTIN P00943345</p>
	<p>Firm's name } PSK LLP</p>	<p>Firm's EIN } 75-1486711</p>			
	<p>Firm's address } 3001 MEDLIN DR STE 100 ARLINGTON, TX 76015</p>	<p>Phone no. 817-664-3000</p>			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO EMPOWER YOUNG WOMEN AND MEN TO MAKE A POSITIVE DECISION ABOUT THEIR UNEXPECTED PREGNANCY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

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

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

4a (Code:) (Expenses \$ **100,258** including grants of \$) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **31,032** including grants of \$) (Revenue \$)
SEE SCHEDULE O

4c (Code:) (Expenses \$ **93,097** including grants of \$) (Revenue \$)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ **14,323** including grants of \$) (Revenue \$)

4e Total program service expenses **238,710**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		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		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	0
1b	0

Part 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	9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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	X
b	If "Yes," enter the name of the foreign country u 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	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).		
a	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. 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.		
a	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:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	11	
1b	Enter the number of voting members included on line 1a, above, who are independent	11	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

SHELLEY A. LEE **3221 CLEBURNE RD** **TX 76110** **817-924-9110**
FORT WORTH

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLEY LEE CEO	40.00 0.00			X				88,112	0	0
(2) VINCE BORRELLO TREASURER	1.00 0.00	X		X				0	0	0
(3) LARRY BRAZILE DIRECTOR	0.50 0.00	X						0	0	0
(4) GORDON BRUCKS VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(5) LORI DALLY PRESIDENT	1.00 0.00	X		X				0	0	0
(6) WADE DEFOREST DIRECTOR	0.50 0.00	X						0	0	0
(7) JACK DOAK DIRECTOR	0.50 0.00	X						0	0	0
(8) DAWN HINKLE SECRETARY	0.50 0.00	X		X				0	0	0
(9) LEE LONG DIRECTOR	0.50 0.00	X						0	0	0
(10) ROB ZWERNEMANN, MD ADVISORY BOARD	0.50 0.00	X						0	0	0
(11) JANIE MILAM DIRECTOR	0.50 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DINAH ROLAND	0.50									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							88,112			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							88,112			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	124,020				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	471,055				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u	595,075				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	644	191		453	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a					
	b Less: cost or other basis and sales exps.	7b	4,877				
	c Gain or (loss)	7c	-4,877				
d Net gain or (loss)	u	-4,877	-4,877				
8a Gross income from fundraising events (not including \$ 124,020 of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b	6,074				
	c Net income or (loss) from fundraising events	u	-6,074				
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions	u	584,768	-4,686	0	453		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	88,112	30,839	26,434	30,839
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	290,991	216,138	37,323	37,530
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	29,415	19,163	4,947	5,305
11 Fees for services (nonemployees):				
a Management				
b Legal	438	197	219	22
c Accounting	5,785	2,603	2,893	289
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	21,870	9,841	1,094	10,935
13 Office expenses	11,530	5,187	5,766	577
14 Information technology	2,044	920	1,022	102
15 Royalties				
16 Occupancy	22,654	13,140	5,437	4,077
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,636	13,129	5,433	4,074
23 Insurance	13,874	8,047	3,330	2,497
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 SUPPLIES	22,601	20,341	2,260	
b REPAIRS AND MAINTENANCE	11,046	6,407	2,651	1,988
c BANK CHARGES	7,942	3,574	3,971	397
d MEMBERSHIP DUES	6,065	6,065		
e All other expenses	-116,382	-116,881	301	198
25 Total functional expenses. Add lines 1 through 24e	440,621	238,710	103,081	98,830
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	162,791	1	400,939
	2	Savings and temporary cash investments	2,892	2	2,893
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	600	9	12,100
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	890,010		
	10b	Less: accumulated depreciation	378,129	10c	511,881
	11	Investments—publicly traded securities	132,007	11	132,068
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	837,683	16	1,059,881	
Liabilities	17	Accounts payable and accrued expenses	33	17	22
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	78,642
	26	Total liabilities. Add lines 17 through 25	33	26	78,664
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	837,650	27	981,217
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	837,650	32	981,217
33	Total liabilities and net assets/fund balances	837,683	33	1,059,881	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	584,768
2	Total expenses (must equal Part IX, column (A), line 25)	2	440,621
3	Revenue less expenses. Subtract line 2 from line 1	3	144,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	837,650
5	Net unrealized gains (losses) on investments	5	-13
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-567
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	981,217

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

FORT WORTH CRISIS PREGNANCY CENTER

Employer identification number

75-2548774

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	394,424	439,045	431,966	632,561	595,075	2,493,071
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	394,424	439,045	431,966	632,561	595,075	2,493,071
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)						92,030
6 Public support. Subtract line 5 from line 4						2,401,041

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	394,424	439,045	431,966	632,561	595,075	2,493,071
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37	89	74	2,005	644	2,849
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,495,920

12 Gross receipts from related activities, etc. (see instructions) 12 164,413

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	96.20 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.59 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	
Section 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	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

FORT WORTH CRISIS PREGNANCY CENTER

75-2548774

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

FORT WORTH CRISIS PREGNANCY CENTER

Employer identification number

75-2548774

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 15,866	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 12,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 23,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 17,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 20,510	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FORT WORTH CRISIS PREGNANCY CENTER

Employer identification number

75-2548774

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 12,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

FORT WORTH CRISIS PREGNANCY CENTER

75-2548774

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Term endowment **u**

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		699,538	212,156	487,382
c Leasehold improvements		43,120	23,598	19,522
d Equipment		101,629	99,980	1,649
e Other		45,723	42,395	3,328
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		511,881

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

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) PAYROLL PROTECTION PROGRAM	70,642
(3) ECONOMIC INJURY DISASTER LOAN	8,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 78,642

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the 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.

U Attach to Form 990 or Form 990-EZ.

U Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FORT WORTH CRISIS PREGNANCY CENTER

Employer identification number

75-2548774

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>STARLIGHT BALL</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	123,702		123,702
	2	Less: Contributions	123,702		123,702
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	70		70
	8	Entertainment			
	9	Other direct expenses	5,097		5,097
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-5,167

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

FORT WORTH CRISIS PREGNANCY CENTER

Employer identification number

75-2548774**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

TO EMPOWER YOUNG WOMEN AND MEN TO MAKE A POSITIVE DECISION ABOUT THEIR UNEXPECTED PREGNANCY. FORT WORTH PREGNANCY CENTER OFFERS PREGNANCY TESTING, LIMITED OB SONOGRAMS, STD TESTING AND TREATMENT, PRENATAL VITAMINS, MATERIAL ASSISTANCE, PEER COUNSELING, COMMUNITY REFERREALS, AND EDUCATIONAL PROGRAMS.

FORM 990 - ADDITIONAL INFORMATION

IN 2020, THE ORGANIZATION CONTRACTED WITH THE TEXAS PREGNANCY CARE NETWORK (TPCN), A PROGRAM SPONSORED BY THE STATE OF TEXAS AND FUNDED FROM STATE TAXPAYER DOLLARS. BEGINNING FEBRUARY 15, 2020 THE ORGANIZATION BEGAN PARTICIPATION IN TPCN'S REIMBURSEMENT PROGRAM.

AS A PROGRAM PARTICIPANT, THE ORGANIZATION WAS ABLE TO INVOICE TPCN FOR REIMBURSEMENT FOR SOME OF ITS PROGRAM SERVICE EXPENSES. THE CONTRACTUAL AGREEMENT CLEARLY STATES THAT THE REIMBURSEMENTS ARE NOT GOVERNMENT GRANTS.

REIMBURSED AMOUNTS HAVE BEEN REPORTED ON THE 990 AS AN OFFSET TO PROGRAM SERVICE EXPENSES.

FORM 990, PART III - ADDITIONAL INFORMATION

CLIENTS ARE SERVED WITHOUT REGARD FOR AGE, RACE, INCOME, NATIONALITY, RELIGIOUS AFFILIATION, DISABILITY OR OTHER ARBITRARY CIRCUMSTANCES. ALL SERVICES ARE PROVIDED FREE OF CHARGE.

CLIENT AGES

Name of the organization

Employer identification number

FORT WORTH CRISIS PREGNANCY CENTER

75-2548774

15-19 = 16%

20-24 = 36%

25-29 = 23%

30-34 = 15%

35+ = 10%

CLIENT EDUCATION LEVEL

UNKNOWN = 3%

LESS THAN HIGH SCHOOL = 19%

HIGH SCHOOL = 39%

SOME COLLEGE = 29%

TRADE SCHOOL = 3%

GRADUATED COLLEGE = 7%

RELATIONSHIP STATUS

SINGLE = 65%

MARRIED = 26%

COHABITING = 1%

OTHER - 8%

RACE

HISPANIC = 60%

AFRICAN AMERICAN = 18%

CAUCASIAN = 13%

OTHER = 7%

UNKNOWN = 2%

FORM 990, PART III, LINE 3

DUE TO COVID-19 SAFETY RESTRICTIONS, THE ORGANIZATION WAS UNABLE TO DEPLOY ITS MOBILE UNIT. THE MOBILE UNIT PROGRAM SAW 94 CLIENTS FROM JANUARY

Name of the organization

Employer identification number

FORT WORTH CRISIS PREGNANCY CENTER

75-2548774

TO MARCH 2020

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

PREGNANCY TESTING COUPLED WITH PEER COUNSELING; THROUGH THIS PROGRAM A YOUNG WOMAN RECEIVES A LABORATORY QUALITY PREGNANCY TEST, A PEER COUNSELOR TO EDUCATE HER ON ALL THE OPTIONS FOR HER PREGNANCY DECISION, AND RELIABLE MEDICAL INFORMATION ABOUT EARLY STAGES OF PREGNANCY. DUE TO COVID-19 PRECAUTIONS, MANY CLIENTS WERE ASSESSED, AND NEEDS DOCUMENTED VIA PHONE. THE CLIENT THEN ARRIVED AT THE CENTER PARKING LOT FOR A CURBSIDE VISIT, DURING WHICH SHE WAS GIVEN A LABORATORY QUALITY PREGNANCY TEST KIT, INFORMATION ABOUT HOW TO APPLY FOR MEDICAID, AND ANY REFERRALS THAT WOULD HELP WITH HER GIVEN SITUATION.

852 PREGNANCY TESTS WERE PERFORMED IN 2020. 1,383 CONCEPTS WERE SHARED, INCLUDING PREGNANCY COMPLICATIONS AND TREATMENTS, STD EDUCATION, ADOPTION PLANNING, ABORTION EDUCATION, PRE-NATAL CARE INFORMATION, ABUSE PREVENTION & RECOVERY, RELATIONSHIP BUILDING, SPIRITUAL CONCEPTS AND CHURCH REFERRALS AS WELL AS MANY OTHERS. IN 2020, THE CENTER GAVE 77 REFERRALS FOR EMPLOYMENT OR EDUCATION/GED ASSISTANCE, 23 REFERRALS TO ADOPTION AGENCIES, 226 REFERRALS TO LOCAL CHURCHES, 284 REFERRALS FOR HOUSING, FOOD OR FINANCIAL ASSISTANCE, AND OVER 1,482 MEDICAL REFERRALS FOR PRENATAL, SUBSTANCE, OR COUNSELING PROGRAMS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

ULTRASONOGRAPHY FOR PREGNANCY TEST CONFIRMATION, WHICH INCLUDES GESTATIONAL DATING, PRESENCE OR ABSENCE OF FETAL HEART TONES, AND THE IDENTIFICATION OF A VIABLE PREGNANCY WITHIN THE UTERUS. THIS PROGRAM IS PROVIDED BY LICENSED

Name of the organization

Employer identification number

FORT WORTH CRISIS PREGNANCY CENTER

75-2548774

REGISTERED NURSES AND RDMS PRACTITIONERS. DURING COVID-19 WE WERE STRATEGIC ABOUT THESE APPOINTMENTS, GIVEN THAT IT INCREASES EXPOSURE FOR OUR CLIENTS AND OUR MEDICAL TEAM. (TIME AND DISTANCE IN ENCLOSED SPACE.) THEREFORE, THE NUMBER OF ULTRASOUNDS (OR SONOGRAMS) PROVIDED IN 2020 WERE REDUCED.

IN 2020, THE CENTER PROVIDED OVER 264 SONOGRAMS. 1,778 REFERRALS WERE GIVEN TO PRENATAL CARE PROVIDERS, MEDICAID, AND WIC ASSISTANCE. ALL CLIENTS ARE PROVIDED WITH INSTRUCTIONS REGARDING POTENTIAL SIGNS & SYMPTOMS OF MISCARRIAGE, WITH INSTRUCTIONS TO FOLLOW IN THE EVENT OF A NEGATIVE OUTCOME. FOLLOW UP CORRESPONDENCE TOTALED OVER 5,254 PHONE CALLS OR NOTES OF ENCOURAGEMENT.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

MATERIAL ASSISTANCE PROGRAM WAS ESPECIALLY IMPORTANT THIS YEAR DUE TO COVID-19. YOUNG PARENTS WERE FACED WITH THE EXPENSES OF A NEW BABY DURING AN ECONOMIC CRISIS, MANY WERE UNEMPLOYED, AND SHELVES AT THE GROCERY STORES WERE EMPTY. AS A PROVIDER OF ESSENTIAL SERVICES, WE ADJUSTED OUR PROGRAMS TO BE ABLE TO SAFELY MEET THE NEEDS OF OUR COMMUNITY. WE PROVIDED AN ABUNDANCE OF DIAPERS, WIPES, BABY FOOD, FORMULA, MATERNITY CLOTHES, BABY CLOTHES AND BABY CARE ITEMS. WE HELD PARKING LOT BABY SHOWERS, WHICH REWARDED CLIENTS WHO HAD PARTICIPATED IN OUR (NEW) ONLINE EDUCATIONAL CLASSES. WE DEVELOPED A MONTHLY DIAPER DAY PROGRAM, WHICH PERMITS CLIENTS TO REGISTER ONLINE FOR A DRIVE-THROUGH DIAPER/WIPES/CLOTHING PICKUP.

IN 2020, THE CENTER OFFERED FREE EDUCATIONAL CLASSES TO HELP PREPARE FOR PREGNANCY, DELIVERY, AND CARE OF THE NEWBORN. 256 MALE AND FEMALE PARTICIPANTS ENROLLED IN THIS PROGRAM. EDUCATIONAL CLASSES INCLUDE NEONATAL

Name of the organization

FORT WORTH CRISIS PREGNANCY CENTER

Employer identification number

75-2548774

GROWTH AND DEVELOPMENT, SIDS PREVENTION, THE IMPORTANCE OF NUTRITION DURING PREGNANCY, IMMUNIZATIONS, DENTAL CARE OF YOUNG CHILDREN, AND MUCH MORE. BY ATTENDING CLASSES, COMPLETING HOMEWORK, AND ACTIVELY PARTICIPATING IN DISCUSSIONS, THE CLIENTS CAN EARN COUPONS TO "SHOP" FOR MATERIAL GOODS WHICH INCLUDE MATERNITY CLOTHES, BABY CLOTHES, DIAPERS, AND BABY CARE EQUIPMENT. ALL OF THESE ITEMS WERE FREE OF CHARGE. THE CENTER CONTINUES TO BE A DISTRIBUTOR OF PACK & PLAYS AS PART OF THE SAFE SLEEP PROGRAM. THESE PACK & PLAYS ARE PROVIDED TO THOSE WHO DID NOT HAVE A SAFE SLEEPING SURFACE FOR THEIR NEWBORNS. THE GOAL OF THIS PROGRAM IS TO REDUCE THE INFANT MORTALITY RATE IN FORT WORTH. AT A TIME WHEN STORES HAD LIMITED SUPPLIES, WE WERE ABLE TO PROVIDE MORE THAN 5,802 PACKS OF DIAPERS, HUNDREDS OF CANS OF FORMULA POWDER AND JARS OF BABY FOOD, AS WELL AS MATERNITY AND BABY CLOTHES AND OTHER BABY CARE ITEMS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

OTHER EXEMPT PURPOSE ACCOMPLISHMENTS

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

MEMBERS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 PRIOR TO THE FILING OF FORM 990, A COPY OF THE RETURN WILL BE EMAILED TO EACH MEMBER AND OFFICER. AFTER REVIEW, AND IF NO FURTHER DISCUSSION IS NECESSARY, EACH MEMBER AND OFFICER WILL SEND AN EMAIL DOCUMENTING THEY HAVE REVIEWED AND APPROVE THE FORM 990 FOR FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization

Employer identification number

FORT WORTH CRISIS PREGNANCY CENTER

75-2548774

ALL TRANSACTIONS ARE APPROVED BY THE EXECUTIVE DIRECTOR AND MONITORED BY THE TREASURER AND BOARD OF DIRECTORS. THE CONFLICT OF INTERESTS POLICY IS DISTRIBUTED VIA EMAIL TO EACH MEMBER AND OFFICER, ALONG WITH A DISCLOSURE FORM TO COMPLETE, PRIOR TO THE ANNUAL MEETING. VERBAL DISCLOSURES TAKE PLACE DURING THE ANNUAL MEETING AND IS DOCUMENTED IN THE MEETING MINUTES, ALONG WITH THE COMPLETED DISCLOSURE DOCUMENTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL CEO EVALUATION IS BASED UPON INPUT FROM ALL MEMBERS, ONE-ON-ONE MEETINGS WITH BOARD PRESIDENT. COMPENSATION RECOMMENDATION IS BASED ON EXECUTIVE SALARY SURVEY PUBLICATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS MAY BE MADE AVAILABLE UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

FORT WORTH CRISIS PREGNANCY CENTER

Identifying number
75-2548774

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,478

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	25,254
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	27,732
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
1	New BLDG-Travis	10/31/09	699,538				699,538	39	MMS/L	194,219	17,937
2	New A/C Unit	4/10/14	21,280			X	15,442	15	HY S/L	5,838	1,030
3	Desk & Cabinet	1/02/08	216			X	108	7	HY 200DB	216	0
4	Displays	9/01/08	593			X	296	7	HY 200DB	593	0
5	Shelving - Container Store	2/28/09	2,159			X	1,079	7	HY 200DB	2,159	0
6	Displays 2 Go	5/31/09	187			X	93	7	HY 200DB	187	0
7	Entrance Area Rugs	5/31/09	203			X	101	7	HY 200DB	203	0
8	2 Chairs - Asst Dir OFC	6/24/09	227			X	113	7	HY 200DB	227	0
9	Sofa Table	6/24/09	150			X	75	7	HY 200DB	150	0
10	Wall Decor	9/03/09	450			X	225	7	HY 200DB	450	0
11	3 Waiting Room Tables	6/30/09	240			X	120	7	HY 200DB	240	0
12	Artworks	7/02/09	450			X	225	7	HY 200DB	450	0
13	Office Furniture	7/24/09	16,174			X	8,087	7	HY 200DB	16,174	0
14	Royer & Schutts	7/24/09	6,922			X	3,461	7	HY 200DB	6,922	0
15	Mirror - Garden Ridge	7/31/09	47			X	23	7	HY 200DB	47	0
16	Table-Target	7/31/09	80			X	40	7	HY 200DB	80	0
17	Roomstore	7/31/09	580			X	290	7	HY 200DB	580	0
18	Pavlovsky	12/01/12	3,400			X	1,700	7	HY 200DB	3,400	0
19	Frames - Aaron Brother	7/31/09	80			X	40	7	HY 200DB	80	0
20	Sculpture - Tree of Life	12/31/12	2,657			X	1,328	7	HY 200DB	2,657	0
21	Office Desk & Chair	6/01/12	856			X	428	7	HY 200DB	856	0
22	File Cabinet	1/22/13	219			X	109	7	HY 200DB	206	13
23	New File Cabinet	4/11/14	615			X	307	7	HY 200DB	514	67
24	Chairs	11/18/15	154			X	77	7	HY 200DB	114	16
25	Desk	11/18/15	157			X	78	7	HY 200DB	117	16
26	Landscaping	8/20/09	19,975				19,975	39	MMS/L	14,702	512
27	Parking Lot Improvements	4/29/10	795			X	397	15	HY S/L	419	27
30	Printer - Ex Director	9/11/04	145			X	72	7	HY 200DB	145	0
31	Vacuum Cleaner	12/17/08	399			X	199	7	HY 200DB	399	0
32	Advanced Telesystems Group	4/27/09	605			X	302	7	HY 200DB	605	0
33	ADT Secutity Alarm System	7/21/09	1,854			X	927	7	HY 200DB	1,854	0
34	Secutity Camera	7/31/09	775			X	387	7	HY 200DB	775	0
35	Communications Concepts	10/26/09	1,665			X	832	7	HY 200DB	1,665	0
36	Computer Zones	12/10/09	725			X	362	5	HY 200DB	725	0
37	Computer Zones	12/14/09	350			X	175	7	HY 200DB	350	0
38	Computer Database - Ekyros	12/22/09	734			X	367	7	HY 200DB	734	0
39	12 Televisions	12/12/09	12,000			X	6,000	7	HY 200DB	12,000	0
40	Laptop	6/21/10	1,448			X	724	5	HY 200DB	1,448	0
41	Panasonic Phone	6/18/10	205			X	102	7	HY 200DB	205	0
42	Computer and Equip	6/21/10	1,133			X	566	5	HY 200DB	1,133	0
43	Hard Drive	11/14/11	200			X	0	5	HY 200DB	200	0
44	Monitor & Backup Systems	7/06/10	298			X	149	7	HY 200DB	298	0
45	ICU Mobile	9/25/13	153,533			X	76,766	5	HY 200DB	153,533	0
	Mass Sale: 9/14/20										
46	Banner	10/25/13	360			X	180	7	HY 200DB	335	25
47	Signs	2/07/12	5,651			X	2,825	7	HY 200DB	5,651	0
48	Ice Maker	9/10/14	2,148			X	1,074	7	HY 200DB	1,768	253
49	ICU Mobile	1/01/14	6,359			X	3,179	5	HY 200DB	6,359	0
	Mass Sale: 9/14/20										
50	Shelley's Printer HP OJ Pro 8610	4/28/15	130			X	65	5	HY 200DB	122	8
51	Office Printer HP OJO Pro 576X	4/28/15	350			X	175	5	HY 200DB	328	22
52	My Passport Ultra (4) Back up Hard Dr	8/03/15	180			X	90	5	HY 200DB	168	12
53	Janese's New Computer	8/03/15	640			X	320	5	HY 200DB	598	42
56	Samsung 2015 Ultrasound	7/29/15	43,577			X	21,788	5	HY 200DB	40,626	2,951
58	Microwave	12/17/15	140			X	70	7	HY 200DB	104	14
60	Julie's Printer HP OJ Pro 8610	4/28/15	130			X	65	5	HY 200DB	122	8
65	Garden Ridge	5/09/09	1,070			X	535	15	HY S/L	1,070	0
66	Sonosource Sonogram Machine for Mobile	12/01/16	26,000			X	13,000	7	MQ200DB	21,432	815
	Mass Sale: 9/14/20										
67	ICU Generator	5/16/17	6,000			X	3,000	7	HY 200DB	4,688	187
	Mass Sale: 9/14/20										
68	Draperies and Flooring	1/23/17	6,287			X	3,208	7	HY 200DB	3,079	917
69	Lighting	6/07/17	2,620			X	1,337	7	HY 200DB	1,283	382
			<u>1,056,115</u>				<u>892,596</u>			<u>515,602</u>	<u>25,254</u>
Other Depreciation:											
29	Filmmaker Software	5/28/04	639			X	319	3	MOAmort	639	0

Federal Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
54	Ministry Sync Software	10/13/15	1,036			X	518	3 MOAmort	959	77
55	Computer Upgrades	12/01/15	6,588			X	3,294	3 MOAmort	5,905	683
57	3D/4D Ultrasound Upgrades	7/15/15	13,700			X	6,850	3 MOAmort	12,613	1,087
59	Microsoft Software	12/01/15	1,324			X	662	3 MOAmort	1,193	131
70	Computer Equipment	12/31/18	2,500				2,500	5 HY S/L	500	500
	Total Other Depreciation		<u>25,787</u>				<u>14,143</u>		<u>21,809</u>	<u>2,478</u>
	Total ACRS and Other Depreciation		<u>25,787</u>				<u>14,143</u>		<u>21,809</u>	<u>2,478</u>
	Grand Totals		1,081,902				906,739		537,411	27,732
	Less: Dispositions and Transfers		191,892				95,945		186,012	1,002
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>890,010</u>				<u>810,794</u>		<u>351,399</u>	<u>26,730</u>

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
1	New BLDG-Travis	10/31/09	699,538				699,538	39	MMS/L	183,106	17,936
2	New A/C Unit	4/10/14	21,280			X	10,640	15	HY S/L	14,541	710
3	Desk & Cabinet	1/02/08	216			X	108	7	HY 200DB	216	0
4	Displays	9/01/08	593			X	296	7	HY 200DB	593	0
5	Shelving - Container Store	2/28/09	2,159			X	1,079	7	HY 200DB	2,159	0
6	Displays 2 Go	5/31/09	187			X	93	7	HY 200DB	187	0
7	Entrance Area Rugs	5/31/09	203			X	101	7	HY 200DB	203	0
8	2 Chairs - Asst Dir OFC	6/24/09	227			X	113	7	HY 200DB	227	0
9	Sofa Table	6/24/09	150			X	75	7	HY 200DB	150	0
10	Wall Decor	9/03/09	450			X	225	7	HY 200DB	450	0
11	3 Waiting Room Tables	6/30/09	240			X	120	7	HY 200DB	240	0
12	Artworks	7/02/09	450			X	225	7	HY 200DB	450	0
13	Office Furniture	7/24/09	16,174			X	8,087	7	HY 200DB	16,174	0
14	Royer & Schutts	7/24/09	6,922			X	3,461	7	HY 200DB	6,922	0
15	Mirror - Garden Ridge	7/31/09	47			X	23	7	HY 200DB	47	0
16	Table-Target	7/31/09	80			X	40	7	HY 200DB	80	0
17	Roomstore	7/31/09	580			X	290	7	HY 200DB	580	0
18	Pavlovsky	12/01/12	3,400			X	1,700	7	HY 200DB	3,400	0
19	Frames - Aaron Brother	7/31/09	80			X	40	7	HY 200DB	80	0
20	Sculpture - Tree of Life	12/31/12	2,657			X	1,328	7	HY 200DB	2,657	0
21	Office Desk & Chair	6/01/12	856			X	428	7	HY 200DB	856	0
22	File Cabinet	1/22/13	219			X	109	7	HY 200DB	214	5
23	New File Cabinet	4/11/14	615			X	307	7	HY 200DB	574	27
24	Chairs	11/18/15	154			X	77	7	HY 200DB	137	7
25	Desk	11/18/15	157			X	78	7	HY 200DB	139	7
26	Landscaping	8/20/09	19,975			X	19,975	39	MMS/L	5,314	512
27	Parking Lot Improvements	4/29/10	795			X	397	15	HY S/L	649	27
30	Printer - Ex Director	9/11/04	145			X	72	7	HY 200DB	145	0
31	Vacuum Cleaner	12/17/08	399			X	199	7	HY 200DB	399	0
32	Advanced Telesystems Group	4/27/09	605			X	302	7	HY 200DB	605	0
33	ADT Secutity Alarm System	7/21/09	1,854			X	927	7	HY 200DB	1,854	0
34	Secutity Camera	7/31/09	775			X	387	7	HY 200DB	775	0
35	Communications Concepts	10/26/09	1,665			X	832	7	HY 200DB	1,665	0
36	Computer Zones	12/10/09	725			X	362	5	HY 200DB	725	0
37	Computer Zones	12/14/09	350			X	175	7	HY 200DB	350	0
38	Computer Database - Ekyros	12/22/09	734			X	367	7	HY 200DB	734	0
39	12 Televisions	12/12/09	12,000			X	6,000	7	HY 200DB	12,000	0
40	Laptop	6/21/10	1,448			X	724	5	HY 200DB	1,448	0
41	Panasonic Phone	6/18/10	205			X	102	7	HY 200DB	205	0
42	Computer and Equip	6/21/10	1,133			X	566	5	HY 200DB	1,133	0
43	Hard Drive	11/14/11	200			X	0	5	HY 200DB	200	0
44	Monitor & Backup Systems	7/06/10	298			X	149	7	HY 200DB	298	0
45	ICU Mobile	9/25/13	153,533			X	76,766	5	HY 200DB	153,533	0
	Mass Sale: 9/14/20										
46	Banner	10/25/13	360			X	180	7	HY 200DB	352	8
47	Signs	2/07/12	5,651			X	2,825	7	HY 200DB	5,651	0
48	Ice Maker	9/10/14	2,148			X	1,074	7	HY 200DB	2,004	96
49	ICU Mobile	1/01/14	6,359			X	3,179	5	HY 200DB	6,359	0
	Mass Sale: 9/14/20										
50	Shelley's Printer HP OJ Pro 8610	4/28/15	130			X	65	5	HY 200DB	126	4
51	Office Printer HP OJO Pro 576X	4/28/15	350			X	175	5	HY 200DB	340	10
52	My Passport Ultra (4) Back up Hard Dr	8/03/15	180			X	90	5	HY 200DB	175	5
53	Janese's New Computer	8/03/15	640			X	320	5	HY 200DB	622	18
56	Samsung 2015 Ultrasound	7/29/15	43,577			X	21,788	5	HY 200DB	42,322	1,255
58	Microwave	12/17/15	140			X	70	7	HY 200DB	124	7
60	Julie's Printer HP OJ Pro 8610	4/28/15	130			X	65	5	HY 200DB	126	4
65	Garden Ridge	5/09/09	1,070			X	535	15	HY S/L	910	35
66	Sonosource Sonogram Machine for Mobile	12/01/16	26,000			X	13,000	7	MQ200DB	21,432	815
	Mass Sale: 9/14/20										
67	ICU Generator	5/16/17	6,000			X	3,000	7	HY 200DB	4,688	187
	Mass Sale: 9/14/20										
68	Draperies and Flooring	1/23/17	6,287			X	3,143	7	HY 200DB	4,912	393
69	Lighting	6/07/17	2,620			X	1,310	7	HY 200DB	2,047	164
			<u>1,056,115</u>				<u>887,702</u>			<u>508,604</u>	<u>22,232</u>
Other Depreciation:											
70	Computer Equipment	12/31/18	0				0	0	HY	0	0

07585 Fort Worth Crisis Pregnancy Center

75-2548774

AMT Asset Report

FYE: 12/31/2020 Mth: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		1,056,115				887,702		508,604	22,232
	Less: Dispositions and Transfers		191,892				95,945		186,012	1,002
	Net Grand Totals		<u>864,223</u>				<u>791,757</u>		<u>322,592</u>	<u>21,230</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	New A/C Unit	4/10/14	21,280		0	0	5,838	15,442
3	Desk & Cabinet	1/02/08	216		0	0	108	108
4	Displays	9/01/08	593		0	0	297	296
5	Shelving - Container Store	2/28/09	2,159		0	0	1,080	1,079
6	Displays 2 Go	5/31/09	187		0	0	94	93
7	Entrance Area Rugs	5/31/09	203		0	0	102	101
8	2 Chairs - Asst Dir OFC	6/24/09	227		0	0	114	113
9	Sofa Table	6/24/09	150		0	0	75	75
10	Wall Decor	9/03/09	450		0	0	225	225
11	3 Waiting Room Tables	6/30/09	240		0	0	120	120
12	Artworks	7/02/09	450		0	0	225	225
13	Office Furniture	7/24/09	16,174		0	0	8,087	8,087
14	Royer & Schuttis	7/24/09	6,922		0	0	3,461	3,461
15	Mirror - Garden Ridge	7/31/09	47		0	0	24	23
16	Table-Target	7/31/09	80		0	0	40	40
17	Roomstore	7/31/09	580		0	0	290	290
18	Pavlovsky	12/01/12	3,400		0	0	1,700	1,700
19	Frames - Aaron Brother	7/31/09	80		0	0	40	40
20	Sculpture - Tree of Life	12/31/12	2,657		0	0	1,329	1,328
21	Office Desk & Chair	6/01/12	856		0	0	428	428
22	File Cabinet	1/22/13	219		0	0	110	109
23	New File Cabinet	4/11/14	615		0	0	308	307
24	Chairs	11/18/15	154		0	0	77	77
25	Desk	11/18/15	157		0	0	79	78
27	Parking Lot Improvements	4/29/10	795		0	0	398	397
29	Filmmaker Software	5/28/04	639		0	0	320	319
30	Printer - Ex Director	9/11/04	145		0	0	73	72
31	Vacuum Cleaner	12/17/08	399		0	0	200	199
32	Advanced Telesystems Group	4/27/09	605		0	0	303	302
33	ADT Secutity Alarm System	7/21/09	1,854		0	0	927	927
34	Secutity Camera	7/31/09	775		0	0	388	387
35	Communications Concepts	10/26/09	1,665		0	0	833	832
36	Computer Zones	12/10/09	725		0	0	363	362
37	Computer Zones	12/14/09	350		0	0	175	175
38	Computer Database - Ekyros	12/22/09	734		0	0	367	367
39	12 Televisions	12/12/09	12,000		0	0	6,000	6,000
40	Laptop	6/21/10	1,448		0	0	724	724
41	Panasonic Phone	6/18/10	205		0	0	103	102
42	Computer and Equip	6/21/10	1,133		0	0	567	566
43	Hard Drive	11/14/11	200		0	0	200	0
44	Monitor & Backup Systems	7/06/10	298		0	0	149	149
45	ICU Mobile	9/25/13	153,533		0	0	76,767	76,766
46	Banner	10/25/13	360		0	0	180	180
47	Signs	2/07/12	5,651		0	0	2,826	2,825
48	Ice Maker	9/10/14	2,148		0	0	1,074	1,074
49	ICU Mobile	1/01/14	6,359		0	0	3,180	3,179
50	Shelley's Printer HP OJ Pro 8610	4/28/15	130		0	0	65	65
51	Office Printer HP OJO Pro 576X	4/28/15	350		0	0	175	175
52	My Passport Ultra (4) Back up Hard Dr	8/03/15	180		0	0	90	90
53	Janese's New Computer	8/03/15	640		0	0	320	320
54	Ministry Sync Software	10/13/15	1,036		0	0	518	518
55	Computer Upgrades	12/01/15	6,588		0	0	3,294	3,294
56	Samsung 2015 Ultrasound	7/29/15	43,577		0	0	21,789	21,788
57	3D/4D Ultrasound Upgrades	7/15/15	13,700		0	0	6,850	6,850
58	Microwave	12/17/15	140		0	0	70	70
59	Microsoft Software	12/01/15	1,324		0	0	662	662
60	Julie's Printer HP OJ Pro 8610	4/28/15	130		0	0	65	65
65	Garden Ridge	5/09/09	1,070		0	0	535	535
66	Sonosource Sonogram Machine for Mobile	12/01/16	26,000		0	0	13,000	13,000
67	ICU Generator	5/16/17	6,000		0	0	3,000	3,000
68	Draperies and Flooring	1/23/17	6,287		0	0	3,079	3,208
69	Lighting	6/07/17	2,620		0	0	1,283	1,337
Grand Total			359,889		0	0	175,163	184,726
Less: Dispositions and Transfers			191,892		0	0	95,947	95,945
Net Grand Total			167,997		0	0	79,216	88,781

Depreciation Adjustment ReportFYE: 12/31/2020 Mth: 12/31/2020 **All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	New BLDG-Travis	17,937	17,936	1
Page 1	1	2	New A/C Unit	1,030	710	320
Page 1	1	3	Desk & Cabinet	0	0	0
Page 1	1	4	Displays	0	0	0
Page 1	1	5	Shelving - Container Store	0	0	0
Page 1	1	6	Displays 2 Go	0	0	0
Page 1	1	7	Entrance Area Rugs	0	0	0
Page 1	1	8	2 Chairs - Asst Dir OFC	0	0	0
Page 1	1	9	Sofa Table	0	0	0
Page 1	1	10	Wall Decor	0	0	0
Page 1	1	11	3 Waiting Room Tables	0	0	0
Page 1	1	12	Artworks	0	0	0
Page 1	1	13	Office Furniture	0	0	0
Page 1	1	14	Royer & Schutts	0	0	0
Page 1	1	15	Mirror - Garden Ridge	0	0	0
Page 1	1	16	Table-Target	0	0	0
Page 1	1	17	Roomstore	0	0	0
Page 1	1	18	Pavlovsky	0	0	0
Page 1	1	19	Frames - Aaron Brother	0	0	0
Page 1	1	20	Sculpture - Tree of Life	0	0	0
Page 1	1	21	Office Desk & Chair	0	0	0
Page 1	1	22	File Cabinet	13	5	8
Page 1	1	23	New File Cabinet	67	27	40
Page 1	1	24	Chairs	16	7	9
Page 1	1	25	Desk	16	7	9
Page 1	1	26	Landscaping	512	512	0
Page 1	1	27	Parking Lot Improvements	27	27	0
Page 1	1	30	Printer - Ex Director	0	0	0
Page 1	1	31	Vacuum Cleaner	0	0	0
Page 1	1	32	Advanced Telesystems Group	0	0	0
Page 1	1	33	ADT Security Alarm System	0	0	0
Page 1	1	34	Security Camera	0	0	0
Page 1	1	35	Communications Concepts	0	0	0
Page 1	1	36	Computer Zones	0	0	0
Page 1	1	37	Computer Zones	0	0	0
Page 1	1	38	Computer Database - Ekyros	0	0	0
Page 1	1	39	12 Televisions	0	0	0
Page 1	1	40	Laptop	0	0	0
Page 1	1	41	Panasonic Phone	0	0	0
Page 1	1	42	Computer and Equip	0	0	0
Page 1	1	43	Hard Drive	0	0	0
Page 1	1	44	Monitor & Backup Systems	0	0	0
Page 1	1	45	ICU Mobile	0	0	0
Page 1	1	46	Banner	25	8	17
Page 1	1	47	Signs	0	0	0
Page 1	1	48	Ice Maker	253	96	157
Page 1	1	49	ICU Mobile	0	0	0
Page 1	1	50	Shelley's Printer HP OJ Pro 8610	8	4	4
Page 1	1	51	Office Printer HP OJO Pro 576X	22	10	12
Page 1	1	52	My Passport Ultra (4) Back up Hard Dr	12	5	7
Page 1	1	53	Janese's New Computer	42	18	24
Page 1	1	56	Samsung 2015 Ultrasound	2,951	1,255	1,696
Page 1	1	58	Microwave	14	7	7
Page 1	1	60	Julie's Printer HP OJ Pro 8610	8	4	4
Page 1	1	65	Garden Ridge	0	35	-35
Page 1	1	66	Sonosource Sonogram Machine for Mobile	815	815	0
Page 1	1	67	ICU Generator	187	187	0
Page 1	1	68	Draperies and Flooring	917	393	524
Page 1	1	69	Lighting	382	164	218
				<u>25,254</u>	<u>22,232</u>	<u>3,022</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	New BLDG-Travis	10/31/09	699,538	17,937	17,937
2	New A/C Unit	4/10/14	21,280	961	709
3	Desk & Cabinet	1/02/08	216	0	0
4	Displays	9/01/08	593	0	0
5	Shelving - Container Store	2/28/09	2,159	0	0
6	Displays 2 Go	5/31/09	187	0	0
7	Entrance Area Rugs	5/31/09	203	0	0
8	2 Chairs - Asst Dir OFC	6/24/09	227	0	0
9	Sofa Table	6/24/09	150	0	0
10	Wall Decor	9/03/09	450	0	0
11	3 Waiting Room Tables	6/30/09	240	0	0
12	Artworks	7/02/09	450	0	0
13	Office Furniture	7/24/09	16,174	0	0
14	Royer & Schutts	7/24/09	6,922	0	0
15	Mirror - Garden Ridge	7/31/09	47	0	0
16	Table-Target	7/31/09	80	0	0
17	Roomstore	7/31/09	580	0	0
18	Pavlovsky	12/01/12	3,400	0	0
19	Frames - Aaron Brother	7/31/09	80	0	0
20	Sculpture - Tree of Life	12/31/12	2,657	0	0
21	Office Desk & Chair	6/01/12	856	0	0
22	File Cabinet	1/22/13	219	0	0
23	New File Cabinet	4/11/14	615	34	14
24	Chairs	11/18/15	154	16	7
25	Desk	11/18/15	157	16	8
26	Landscaping	8/20/09	19,975	512	512
27	Parking Lot Improvements	4/29/10	795	26	26
30	Printer - Ex Director	9/11/04	145	0	0
31	Vacuum Cleaner	12/17/08	399	0	0
32	Advanced Telesystems Group	4/27/09	605	0	0
33	ADT Security Alarm System	7/21/09	1,854	0	0
34	Security Camera	7/31/09	775	0	0
35	Communications Concepts	10/26/09	1,665	0	0
36	Computer Zones	12/10/09	725	0	0
37	Computer Zones	12/14/09	350	0	0
38	Computer Database - Ekyros	12/22/09	734	0	0
39	12 Televisions	12/12/09	12,000	0	0
40	Laptop	6/21/10	1,448	0	0
41	Panasonic Phone	6/18/10	205	0	0
42	Computer and Equip	6/21/10	1,133	0	0
43	Hard Drive	11/14/11	200	0	0
44	Monitor & Backup Systems	7/06/10	298	0	0
46	Banner	10/25/13	360	0	0
47	Signs	2/07/12	5,651	0	0
48	Ice Maker	9/10/14	2,148	127	48
50	Shelley's Printer HP OJ Pro 8610	4/28/15	130	0	0
51	Office Printer HP OJO Pro 576X	4/28/15	350	0	0
52	My Passport Ultra (4) Back up Hard Dr	8/03/15	180	0	0
53	Janese's New Computer	8/03/15	640	0	0
56	Samsung 2015 Ultrasound	7/29/15	43,577	0	0
58	Microwave	12/17/15	140	15	6
60	Julie's Printer HP OJ Pro 8610	4/28/15	130	0	0
65	Garden Ridge	5/09/09	1,070	0	36
68	Draperies and Flooring	1/23/17	6,287	654	281
69	Lighting	6/07/17	2,620	273	117
			<u>864,223</u>	<u>20,571</u>	<u>19,701</u>

Other Depreciation:

29	Filmaker Software	5/28/04	639	0	0
54	Ministry Sync Software	10/13/15	1,036	0	0
55	Computer Upgrades	12/01/15	6,588	0	0
57	3D/4D Ultrasound Upgrades	7/15/15	13,700	0	0
59	Microsoft Software	12/01/15	1,324	0	0
70	Computer Equipment	12/31/18	2,500	500	0

Future Depreciation Report **FYE: 12/31/21**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>25,787</u>	<u>500</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>25,787</u>	<u>500</u>	<u>0</u>
	Grand Totals		<u>890,010</u>	<u>21,071</u>	<u>19,701</u>

Form 990	Event Income and Deduction Worksheet	2020
Description: STARLIGHT BALL		

Name FORT WORTH CRISIS PREGNANCY CENTER	Taxpayer Identification Number 75-2548774
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.	123,702	
7. Total revenue. Add lines 1 through 6	7.	123,702	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	5,167	
15. Total expenses. Add lines 8 through 14	15.	5,167	
16. Net Income/Loss. Line 7 minus Line 15	16.	118,535	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	70
Entertainment (Part II only)	
Other direct expenses	5,097
Total Fundraising Expense	5,167

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2020
Description: 5K RUN / FUN RUN		Taxpayer Identification Number 75-2548774
Name FORT WORTH CRISIS PREGNANCY CENTER		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	318
7. Total revenue. Add lines 1 through 6	7.	318
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	907
15. Total expenses. Add lines 8 through 14	15.	907
16. Net Income/Loss. Line 7 minus Line 15	16.	-589

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	100
Food & beverages (Part II only)	
Entertainment (Part II only)	35
Other direct expenses	772
Total Fundraising Expense	907

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

FORT WORTH CRISIS PREGNANCY CENTER**75-2548774**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 632,561	595,075	-37,486
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 2,005	644	-1,361
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		-4,877
	8. Net income or (loss) from fundraising events	8. -60,341	-6,074	54,267
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 574,225	584,768	10,543
Expenses	13. Grants and similar amounts paid	13. 720		-720
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 90,790	88,112	-2,678
	16. Salaries, other compensation, and employee benefits	16. 274,776	320,406	45,630
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 6,356	6,223	-133
	19. Occupancy, rent, utilities, and maintenance	19. 18,249	22,654	4,405
	20. Depreciation and Depletion	20. 34,989	22,636	-12,353
	21. Other expenses	21. 100,189		-100,189
	22. Total expenses. Add lines 13 through 21	22. 526,069	460,031	-66,038
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 48,156	124,737	76,581
Other Information	24. Total exempt revenue	24. 574,225	584,768	10,543
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 2,005	-4,233	-6,238
	27. Total assets	27. 837,683	1,059,881	222,198
	28. Total liabilities	28. 33	78,664	78,631
	29. Retained earnings	29. 837,650	981,217	143,567
	30. Number of voting members of governing body	30. 11	11	
31. Number of independent voting members of governing body	31. 11	11		
32. Number of employees	32. 12	9		
33. Number of volunteers	33. 20	23		

Form 990	Tax Return History	2020
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Name FORT WORTH CRISIS PREGNANCY CENTER	Employer Identification Number 75-2548774
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	394,424	439,045	431,966	632,561	595,075	
Membership dues						
Program service revenue						
Capital gain or loss					-4,877	
Investment income	37	89	74	2,005	644	
Fundraising revenue (income/loss)	44,793	7,501	33,720	-60,341	-6,074	
Gaming revenue (income/loss)						
Other revenue			2,500			
Total revenue	439,254	446,635	468,260	574,225	584,768	
Grants and similar amounts paid	660	786	720	720		
Benefits paid to or for members						
Compensation of officers, etc.	78,615	82,126	85,145	90,790	88,112	
Other compensation	217,360	218,876	274,219	274,776	320,406	
Professional fees	5,807	5,728	7,111	6,356	6,223	
Occupancy costs	17,769	16,937	17,825	18,249	22,654	
Depreciation and depletion	99,992	84,175	56,710	34,989	22,636	
Other expenses	99,971	85,104	107,468	100,189		
Total expenses	520,174	493,732	549,198	526,069	460,031	
Excess or (Deficit)	-80,920	-47,097	-80,938	48,156	124,737	
Total exempt revenue	439,254	446,635	468,260	574,225	584,768	
Total unrelated revenue						
Total excludable revenue	37	89	2,574	2,005	-4,233	
Total Assets	925,510	873,703	789,507	837,683	1,059,881	
Total Liabilities	7,994	3,284	26	33	78,664	
Net Fund Balances	917,516	870,419	789,481	837,650	981,217	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ <u>453</u>		14			
TOTAL	\$ <u><u>453</u></u>					

07585 Fort Worth Crisis Pregnancy Center

75-2548774

FYE: 12/31/2020

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
ICU MOBILE UNIT EXPENSES	\$ 4,175	\$ 4,175	\$	\$
EDUCATION EXPENSE	1,902	1,902		
VOLUNTEER RELATIONS	1,088	979	109	
PAYROLL PROCESSING FEES	988	644	166	178
MISSION SUPPORT	780	780		
MEALS AND ENTERTAINMENT	110	64	26	20
LESS: TPCN REIMBURSEMENT	-125,425	-125,425		
TOTAL	<u>\$ -116,382</u>	<u>\$ -116,881</u>	<u>\$ 301</u>	<u>\$ 198</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ASSEMBLIES OF GOD FOUNDATION	\$ 25,000	\$
BAKER COMMUNITY FOUNDATION	50,000	82
BENJAMIN AND CATHY THOMAS	6,000	
BNSF RAILWAY FOUNDATION	5,600	
CHARITIES AID FOUNDATION OF AMERICA	10,000	
CHARLES AND JAMIE ERWIN	21,900	
CHRIST CHAPEL BIBLE CHURCH	86,450	36,532
CITYVIEW AUDIOLOGY & HEARING AIDS	5,000	
CLAY CAMMACK	5,000	
COMMUNITIES FOUNDATION OF TEXAS	68,308	18,390
COUCIL FOR LIFE FT WORTH	42,550	
DAVID AND MISSY WATTS	21,700	
FIDELITY CHARITABLE GIFT FUND	44,250	
HALEY AND JARRETT ADAMS	25,675	
HALLMARK BAPTIST CHURCH	31,127	
HARVEST ROCK PROPERTY MANAGEMENT	10,000	
HEARTBEAT INTERNATIONAL	20,000	
HOPE CHURCH	26,965	
J BRANDON AND EMILY WAITS	25,000	
JANET AND MARK SADLER	19,060	
KEN DAVIS FOUNDATION	10,000	
LARRY AND JOELLA BRAZILE	60,761	10,843
LEE AND CHARLOTTE LONG	23,996	
LEE AND JACQUIN MATTHEWS	47,320	
MARK AND JENNIFER SMITH	17,640	
MARY LOU AND JOHN RYAN	16,500	
MELANIE AND STEVE SIMPSON	15,000	
MICAH & RACHEL FIKES	16,801	
MICHAEL AND RIENKE RADLER	10,050	
MICHAEL AND SHELLEY LEE	38,193	
MISSION PREBORN	41,219	
MORGAN STANLEY GIFT FUND	25,000	
MYRON AND MARGARET JONES	16,000	
NORTH TEXAS COMMUNITY FOUNDATION	23,000	
PARADOX CHURCH	42,000	
PAT AND JOHN CARLSON	20,000	
RICK AND MARY KUBES	6,120	
RONALD AND SHERRI BURKE	12,315	
RYAN FOUNDATION	18,000	
SARAH GREEN	5,000	
SCOTT AND MARGIE BAIRD	7,050	
STEFAN AND JILLIAN JACKSON	6,200	
STEVE AND MELANIE SIMPSON	10,000	
THE DALLAS FOUNDATION	25,050	
THE NINNIE L BAIRD FOUNDATION	11,602	
THE RADLER FOUNDATION	52,500	2,582
THE SIDWELL FOUNDATION	20,000	
TRAVIS AVENUE BAPTIST CHURCH	73,519	23,601
VANESSA ANDERSON	23,000	
VINCE AND DEBBIE BORRELLO	6,020	
WILL AND CATY PICKETT	23,000	
AMERICAN ENDOWMENT	12,500	
HEAVENLY FATHERS FOUNDATION	11,532	
E-TECH GALAXY	10,414	

07585 Fort Worth Crisis Pregnancy Center

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Schedule A, Part II, Line 5 - Excess Gifts (continued)

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
DR. AND MRS. ROBERT ANDERSON	\$ 10,175	\$
CHRIS AND LAURA ROOKER	6,200	
SCOTT AND LESLEY SLAUGHTER	5,000	
TRADEMARK CHURCH	5,000	
ALEX AND JULIA LIPARI	5,000	
WCM CHARITABLE FOUNDATION	5,000	
MARK AND CHRISTINA JOHNSON	5,000	
TOTAL	<u>\$ 1,348,262</u>	<u>\$ 92,030</u>

07585 Fort Worth Crisis Pregnancy Center
75-2548774
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Federal Statements

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
TAXABLE DIVIDENDS AND INTEREST FROM SECURITIES	\$ 191
STARLIGHT BALL	
5K RUN / FUN RUN	
TOTAL	<u>\$ 191</u>

07585 Fort Worth Crisis Pregnancy Center

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Federal Statements

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Starlight Ball

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
MARKETING	\$ 941
MISC EXPENSES	447
REGISTRATION	559
VIDEO	3,150
TOTAL	\$ <u>5,097</u>

07585 Fort Worth Crisis Pregnancy Center

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Federal Statements

5K Run / Fun Run

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
MISC EXPENSES	\$ 453
REGISTRATION	319
TOTAL	<u>\$ 772</u>