Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2023 calend	dar year, or tax year beginning , 2023, and endi	ng		, 20					
В	Check if	applicable:	C Name of organization PREGNANCY SERVICES OF NORTHERN K	ENTUCKY	D Empl	oyer identification number					
	Address	change	Doing business as CARE NET PREGNANCY SERVICES OF NO	RTHERN KY	61-1	351706					
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number					
	Initial ret	urn	3700 ALEXANDRIA PIKE		(859)431-9178					
	Final retu	ırn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amende	d return	COLD SPRING, KY 41076		G Gross	receipts \$1,117,195.					
	Applicat	ion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? Yes No					
			LYNDI ZEMBRODT, 3700 ALEXANDRIA PIKE, COLD SPRING, KY 41	076 H(b) Are all su	ubordinat	es included? Yes No					
<u> </u>	Tax-exe	mpt status:	X 501(c)(3)	If "No," a	attach a li	st. See instructions.					
J	Website		arenetnky.org	H(c) Group ex	xemption	number					
		organization: 🛚	Corporation Trust Association Other L Year of form	nation: 1999	M State	of legal domicile: KY					
Р	art I	Summa									
	1	Briefly des	cribe the organization's mission or most significant activities: $\underline{\mathtt{CARE}}$ $\underline{\mathtt{N}}$	ET'S MISSION IS	ro educa	TE, SUPPORT AND EMPOWER					
ce			EFORE, DURING AND AFTER AN UNPLANNED PREGNANCY WHII								
naı			MISSION IS CARRIED OUT BY OFFERING LIFE AFFIRMING SERVICE								
Ver	2		box if the organization discontinued its operations or disposed		1 1	s net assets.					
ő	3		voting members of the governing body (Part VI, line 1a)		3	14					
୬ ୪	4		independent voting members of the governing body (Part VI, line 1k	,	4	14					
/itie	5		per of individuals employed in calendar year 2023 (Part V, line 2a)		5	29					
Activities & Governance	6		per of volunteers (estimate if necessary)		6	82					
۹	7a		ated business revenue from Part VIII, column (C), line 12		7a	21,600.					
	b	ivet unreial	ted business taxable income from Form 990-T, Part I, line 11	Prior Year	7b	Current Year					
	8	Contributio									
Revenue	9		ons and grants (Part VIII, line 1h)	718.	499,259.						
	10	•	tment income (Part VIII, column (A), lines 3, 4, and 7d)								
æ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	997.	33,740. 512,642.						
	12		nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,045,641.					
_	13	-	I revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 985,175. hts and similar amounts paid (Part IX, column (A), lines 1–3)								
	14		aid to or for members (Part IX, column (A), line 4)								
m	15		ther compensation, employee benefits (Part IX, column (A), lines 5–10)	434	147.	562,270.					
se	16a		al fundraising fees (Part IX, column (A), line 11e)	151,		302,270:					
Expenses	b		raising expenses (Part IX, column (D), line 25) 163, 417.								
Ĕ	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	318.	364.	304,350.					
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		511.	866,620.					
	19		ess expenses. Subtract line 18 from line 12		664.	179,021.					
Net Assets or Fund Balances			•	Beginning of Curr		End of Year					
sets	20	Total asset	ts (Part X, line 16)	1,758,	888.	1,948,820.					
Ass	21		ties (Part X, line 26)		314.	47,055.					
ē E	22	Net assets	or fund balances. Subtract line 21 from line 20	1,696,	574.	1,901,765.					
	art II	Signatu	re Block								
			, I declare that I have examined this return, including accompanying schedules and sta			my knowledge and belief, it is					
tru	e, correc	t, and complet	e. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowled	lge.						
				04	/29/2	2024					
Si	_	Signature of	officer	Date							
He	ere	LYNI	DI ZEMBRODT, EXECUTIVE DIRECTOR								
		Type or print	name and title								
Pa	id	Print/Type	e preparer's name Preparer's signature	Date	e Check if PTIN						
	epare	r Lori A	A. Owen, CPA Lori A. Owen, CPA	05/03/2024	self-emp	P01006324					
	se Onl	Lives's see		Firm's	EIN	61-1374365					
		Firm's add		Phone	e no. (8	59)431-0700					
Ma	y the IF	RS discuss	this return with the preparer shown above? See instructions			. 🗵 Yes 🗌 No					
For	Paperv	vork Reduct	tion Act Notice, see the separate instructions. BAA	REV 03/21/24 PRO		Form 990 (2023)					

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: CARE NET'S MISSION IS TO EDUCATE, SUPPORT AND EMPOWER PEOPLE BEFORE, DURING AND AFTER AN UNPLANNED PREGNANCY WHILE UPLIFTING THE SANCTITY OF HUMAN LIFE. THE MISSION IS CARRIED OUT BY OFFFERING LIFE AFFIRMING SERVICES IN 3 LOCATIONS IN NORTHERN KENTUCKY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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: (Code: (Co
4b	Code: (Code: (Co
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 616,722.

1 is the organization described in section 501(s)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B, Schedule of Contributors? See instructions. 2 is the organization required to complete Schedule B, Schedule of Contributors? See instructions candidates for public office? If "Yes," complete Schedule C, Part II. 3 Section 501(s)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect utning the tax year? If "Yes," complete Schedule C, Part II. 5 is the organization a section 501(s)(4), 501(s)(5), or 501(s)(6) organization that receives membership dies, assessments, or similar amounts as defined in Rev. Proc. 98-1917 If "Yes," complete Schedule C, Part III. 5 is 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 II. 7 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 III. 8 Did the organization in similar ollections of works of art, historical reseaures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization separation of "Yes," complete Schedule D, Part VI. 10 Did the organization organization sections? If "Yes," complete Schedule D, Part VI. 10 Did the organization services? If "Yes," complete Schedule D, Part VI. 11 Did the organization services? If "Yes," complete Schedule D, Part VI. 12 Did the organization services? If "Yes," complete Schedule D, Part VI. 13 Did the organization services? If "Yes," complete Schedule D, Part VI. 14 Did the organization services or an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 15 Did the organization se	Part	V Checklist of Required Schedules								
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes", "complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Pes", "complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89: 1917 "Pes", "complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Pes", "complete Schedule D, Part II. 7 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 V. 8 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 9 Did the organization propert 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 VIII. 10 Did the organization report an amount for investments—other securities 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 X VIII. 10 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part X VIII. 10 Did the organization report an amount for investments—other securities for the tax year? If Yes, or any organizatio				Yes	No					
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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	6									
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ocomplete Schedule D, Part III 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 Did the organization inferetty or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V I, VII, VIII, IX, or X, as applicable. Did 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—organs related in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 Did the organization report an amount for other isabilities in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization seport an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part XII Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part XI and XII Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XII is optional is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XII is optional is the organization aschool described in section 170(b)(1)(b)(f)(I)(I) If			7		×					
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 VI. 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 VI. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 13 Did the organization report an amount for investments—other securities 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 VII. 14 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 VII. 15 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional is the organization and school described in Section 17(0)(1)(A)(II)? If "Yes," complete Schedule E. 15 Did the organization have aggregate revenues or expenses of more than \$1,000 from grantmaking, fundraising, business, investment, and program service activities outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization have aggregate revenues or expenses of more than \$1,000 from grantmaking, fundraising, business, investment, and program service activities outside the United Stat	8									
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 V			8		×					
debt negotiation services? If "Yes," complete Schedule D, Part IV 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 . 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 . 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 . d 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 VII . e 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 VII . e Did the organization report an amount for other labilities 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 X III 11c . 11d 11c . 11d 11c . 11d 2: 11d 2: 11d 2: 11d 3: 11d 3: 11d 3: 11d 4: 11d 4: 11e x 11d 5: 11d 4: 11e x 11d 5: 11d 4: 11e x 11e x 11d 4: 11e x 11d 4: 11e x 11d 4: 11e x 11e x 11d 4: 11e x	9									
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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	14a		14a		×					
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	b									
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										
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			14b		×					
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	15									
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			15		×					
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	16									
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	4=		16		×					
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	17									
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		17		×					
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	18									
 If "Yes," complete Schedule G, Part III	40									
 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	19									
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					×					
			20b							
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×					

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	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 b	Enter the number reported in box 3 of Form 1096. 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?	1.		
	roportable garring (garrioling) willings to prize williers:	1c	1	ı

Form 990 (2023)

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 29						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		×			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×			
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .	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		×			
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×			
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
oa	organization solicit any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		×			
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_					
L		7a		×			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b					
C	required to file Form 8282?	7c		×			
d	If "Yes," indicate the number of Forms 8282 filed during the year	70					
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.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12						
b 11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
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.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
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						
C	Enter the amount of reserves on hand	44-		V			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		×			
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ı÷υ					
	excess parachute payment(s) during the year?	15		×			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
	If "Yes," complete Form 6069.						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 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 . . . 1a 14 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × 4 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? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b × 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 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 × 14 × 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official . . . × 15a 15b × If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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.

CARE NET PREGNANCY CENTER OF NORTHERN KENTUCKY, 3700 ALEXANDRIA PIKE, COLD SPRING, KY 41076 (859)781-9878

Form 990 (2023) Page **7**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Officer this box if fleither the organization	,	9			C)					
(A) Name and title	(B) Average hours per week	box,	unles er an	neck ss pe d a c	erson	e than on its both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MIKE ENZWEILER	4.00									
PRESIDENT		×		×				0.	0.	0.
(2) KEN OLEYNIK	4.00									
VICE PRESIDENT		×		×				0.	0.	0.
(3) STEVE GILLESPIE	4.00									
TREASURER		×		×				0.	0.	0.
(4) JOE KUES	4.00									_
SECRETARY		×		×				0.	0.	0.
(5) LEE ANN ERNST, RN, MSN	0.50	×								
DIRECTOR	0.50							0.	0.	0.
(6) MELISSA BATTE	0.50	×						0.	0.	
DIRECTOR MD	0.50	<u> </u>						0.	0.	0.
(7) JAMES FARRELL, MD DIRECTOR	0.50	×						0.	0.	0.
(8) ERIK HERMES	0.50	-						0.	0.	0.
DIRECTOR		×						0.	0.	0.
(9) FR. ARTHUR CONOR KUNATH	0.50							· · ·	0.	· ·
DIRECTOR		×						0.	0.	0.
(10) JEFF JEHN	0.50									
DIRECTOR		×						0.	0.	0.
(11) GAIL MACKE	0.50									
DIRECTOR		×						0.	0.	0.
(12) KAREN RIEGLER	0.50									
DIRECTOR		×						0.	0.	0.
(13) STEVE SCOTT	0.50									
DIRECTOR		×						0.	0.	0.
(14) LYNDI ZEMBRODT	40.00	1								
EXECUTIVE DIRECTOR					×			59,914.	0.	0.

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Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (c	continued)
						C)							
	(A)	(B)	(do not check more than o			one	(D)	(E)			(F)		
	Name and title	Average hours					is both or/trust		Reportable compensation	Reporta compens		I	ted amount other
		per week (list any	1	_	_	_		r É	from the organization (W-2/	from relation			pensation om the
		hours for	divid	stitu	Officer	Key employee	ghes	Former	1099-MISC/	1099-MI	SC/	organi	zation and
		related organizations	ual t	iona		nplo	t cor	¬	1099-NEC)	1099-N	EC)	related o	rganizations
		below dotted line)	Individual trustee or director	Institutional trustee		/ee	nper						
		dotted line)	ď	tee			Highest compensated employee						
(15)							- 0						
3													
(16)													
(4.7)													
(17)			-										
(18)													
(19)													
(20)													
(20)			1										
(21)													
(22)			-										
(23)													
(20)			-										
(24)													
(25)			-										
1b	Subtotal				_				59,914.		0.		0.
С	Total from continuation sheets to Part	VII, Sectio	n A						27,7221				
d	Total (add lines 1b and 1c)								59,914.		0.		0.
2	Total number of individuals (including but reportable compensation from the organi		d to th	iose	e list	ted	above	e) w	ho received mor	e than \$10	00,000	of	
	reportable compensation from the organi	Zation											Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	cey e	mpl	loyee, or highes	st comper	nsated		105 10
	employee on line 1a? If "Yes," complete											3	×
4	For any individual listed on line 1a, is the												
	organization and related organizations individual	greater th	an 🍑				ı re	S,			Sucri	4	×
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsa	tion	fro	m any	un,	related organiza	ion or ind	ividual		
	for services rendered to the organization											5	×
	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Report												
	<u>-</u>	ort compen	isatioi	1 101	-	<i>,</i> 00	icriaa	l yo		Within the	, organ		- tax year.
	(A) Name and business add							(B) Description of serv	vices	((C) Compensa	ation	
2	Total number of independent contractor	•	_				ted to	th	nose listed abov	e) who			

Part VIII	Statement of Revenue
-----------	----------------------

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	art VIII . . .		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s, s	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b		-			
Gr	С	Fundraising events			1c		-			
Ar	d	Related organization			1d		-			
i i		Government grants				6 000	-			
B,	e				1e	6,000.				
on:	f	1 1 1 1 1 1 1 1 1 1								
uti Je		••				493,259.	_			
흔된	g									
on the		lines 1a-1f 1g				\$				
a C	h	Total. Add lines 1a-	-1f .				499,259.			
						Business Code				
e G	2a									
ا کے	b	h								
Sel	C									
E P										
gram Ser Revenue	d									
Program Service Revenue	e						-			
<u>-</u>	f	All other program se								
	g	Total. Add lines 2a-								
	3	Investment income								
		other similar amoun	,				33,740.	0.	0.	33,740.
	4	Income from investment of tax-exempt bon				nd proceeds				
	5	Royalties								
		-		(i) Rea		(ii) Personal				
	6a	Gross rents	6a	21,6	500		-			
	b	Less: rental expenses	6b	21/			-			
	C	Rental income or (loss)		21,6			-			
	_	Net rental income o		`			21 600	0	01 600	
	d 7		(105	· · · · · · · · · · · · · · · · · · ·		(ii) Othor	21,600.	0.	21,600.	0.
	7a	Gross amount from			(ii) Other	_				
		sales of assets								
		other than inventory	7a							
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7с							
	d	Net gain or (loss)								
Other	8a	Gross income from	m fu	ndraising						
ō		events (not including		3						
		of contributions re		d on line						
		1c). See Part IV, line			8a	562,596.				
	h	Less: direct expens			8b	71,554.	-			
		Net income or (loss)					401 042		0	401 040
	C	Gross income f	•		g eve	nts	491,042.		0.	491,042.
	9a	activities. See Part I								
					9a		_			
		Less: direct expens			9b					
		Net income or (loss)			ctivitie	es				
	10a	Gross sales of ir		ory, less						
		returns and allowan	ces		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)			vento	ory				
S			·			Business Code				
0 V	11a									
ne Ju	b									
Ver							+			
scellaneo Revenue	C C	All other revenue					+			
Miscellaneous Revenue	d	All other revenue								
		Total. Add lines 11a					1 045 545		01 600	504 500
	12	Total revenue. See	ınstr	uctions			1,045,641.	0.	21,600.	524,782.

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 (**D**) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 59,914. 35,948. 8,987. 14,979. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 502,356. 357,641. 47,240. 97,475. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 22,374. 22,374. 0. 0. 13 12,517. 10,013. 1,252. 1,252. Office expenses 14 12,915. 7,749. 5,166. Information technology 0. 15 Occupancy 22,301. 22,301. 16 0. 0. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 4,779. 4,779. 0. 0. 20 1,634. 1,634. 21 Payments to affiliates 0. 0. 44,540. 35,632. 4,454. 4,454. 22 Depreciation, depletion, and amortization . 23 12,930. 6,464. 3,233. 3,233. 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 PROGRAM SUPPLIES 31,328. 0. 31,328. 0. 2,730. UTILITIES, PHONES, INTERNET 27,313. 21,851. 2,732. REIMBURSEMENTS С 14,643. 14,643. 0. 0. TRAINING 4,734. 4,734. 0. 0. All other expenses 92,342. 39,631. 18,585. 34,126. 25 Total functional expenses. Add lines 1 through 24e 866,620. 616,722. 86,481. 163,417. 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 [if following SOP 98-2 (ASC 958-720)

Form 990 (2023) Page **11**

Part X Balance Sheet

Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Cans 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 (as defined under section 4958(nf(1)), and persons described in section 4958(c)(3)(B) 6 Accounts receivable, net 7 Notes and loans receivable net 7 Notes and loans receivable net 7 Notes and loans receivable net 7 Notes and loans receiv			Check if Schedule O contains a response or note to any line	in this Par	tX		🔲
2 Savings and temporary cash investments 3 3							
2 Savings and temporary cash investments 560. 2		1	Cash—non-interest-bearing		725,128.	1	800,209.
A Accounts receivable, net 4 5 5 5 6 6 6 6 6 6 6		2			560.	2	
A Accounts receivable, net 4 5 5 5 6 6 6 6 6 6 6		3	Pledges and grants receivable, net			3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, het 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10b Less: accumulated depreciation 10c Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 11 Investments—publicly traded securities 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 758, 888, 16 1, 948, 820. 17 Accounts payable and accrued expenses 17 Investments—program-related. See Part IV of Schedule D 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Loans and other payables to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities, including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Net assets without donor restrictions 28 Organizations that foliow FASB ASC 958, check here and complete lines 27, 28, 28, and 33. 27 Net assets with donor restrictions 30 Paid-in- or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income,		4				4	
Controlled entity or family member of any of these persons 5		5	Loans and other receivables from any current or former officer,	director,			
Comparison of the receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(E) To Notes and loans receivable, net To Note							
## Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net						5	
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 1., 416. 9 1.,746. 9 Prepaid expenses and deferred charges 1., 416. 9 1.,746. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 967,081. 11 Investments — publicly traded securities 2 linvestments — publicly traded securities 2 linvestments — publicly traded securities 2 linvestments— program-related. See Part IV, line 11 1 13 13 14 Intangible assets 15 Other assets. See Part IV, line 11 1 15 Other assets. See Part IV, line 11 1 15 Other assets. Add lines 1 through 15 (must equal line 33) 1,758,888 16 1,948,820. 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 19 Deferred revenue 19 Deferred reve		6					
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11c Investments—publicly traded securities 11d Investments—publicly traded securities 12 Investments—bublicly traded securities 13 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 Total liabilities and net assets/fund balances 38 Total liabilities and net assets/fund balances 39 Total liabilities and net assets/fund balances 30 Total liabilities and net assets/fund balances			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D . 10a 967,081. b Less: accumulated depreciation 10b 240,821. 766,203. 10c 726,260. 11 Investments – publicity traded securities 12 Investments – publicity traded securities 13 Investments – program-related. See Part IV, line 11 14 Intangible assets	ts	7	Notes and loans receivable, net			7	
10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D . 10a 967,081. b Less: accumulated depreciation 10b 240,821. 766,203. 10c 726,260. 11 Investments – publicity traded securities 12 Investments – publicity traded securities 13 Investments – program-related. See Part IV, line 11 14 Intangible assets	sse	8	Inventories for sale or use			8	
Basis. Complete Part VI of Schedule D	Ä	9	Prepaid expenses and deferred charges		1,416.	9	1,746.
b Less: accumulated depreciation 10b 240,821 766,203 10c 726,260 11 Investments — publicly traded securities 203,267 11 373,551 12 Investments — program-related. See Part IV, line 11 13 13 Investments — program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 62,314 15 47,054 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,758,888 16 1,948,820 17 Accounts payable and accrued expenses 17 18 Grants payable 18 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 24 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 47,055 26 Total liabilities and ther liabilities not included on lines 17-24). Complete Part X of Schedule D 26 47,055 26 Total liabilities and tonor restrictions 1,679,074 27 1,892,163 27 Net assets without donor restrictions 1,679,074 27 1,892,163 28 Net assets without donor restrictions 1,679,074 27 1,892,163 29 Capital stock or trust principal, or current funds 30 31 8 8 9 9 9 9 9 9 9 9		10a					
11 Investments—publicly traded securities 203,267, 11 373,551. 12 Investments—other securities. See Part IV, line 11 13 13 14 Intangible assets 14 15 47,054. 15 Other assets. See Part IV, line 11 62,314 15 47,054. 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,758,888 16 1,948,820. 17 Accounts payable and accrued expenses 17 7 7 7 7 7 7 7 7			basis. Complete Part VI of Schedule D 10a 96	57,081.			
12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 13 Intangible assets 14 Intangible assets 14 15 Other assets. See Part IV, line 11 62,314 15 47,054 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,758,888 16 1,948,820 17 7 Accounts payable and accrued expenses 17 18 Grants payable and accrued expenses 18 19 Deferred revenue 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Tax-exempt bond liability. Complete Part IV of Schedule D 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 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 47,055. 26 Total liabilities (including federal income tax, payables to related third parties, and other liabilities included on lines 17-24). Complete Part X of Schedule D 62,314 25 47,055. 26 Total liabilities Add lines 17 through 25 62,314 26 47,055. 27 Net assets with ot donor restrictions 1,679,074 27 1,892,163 28 Net assets with other restrictions 1,679,074 27 1,892,163 27 28 Net assets with other restrictions 17,500 28 9,602 29 29 29 29 20 20 20		b	Less: accumulated depreciation 10b 24	10,821.	766,203.	10c	726,260.
13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 62,314 15 47,054 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,758,888 16 1,948,820 17 Accounts payable and accrued expenses 17 18 Grants payable and accrued expenses 17 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 20 21 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 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 47,055 26 Total liabilities. Add lines 17 through 25 62,314 26 47,055 27 28 27 28 27 28 27 28 27 28 27 28 28		11	Investments—publicly traded securities		203,267.	11	373,551.
14 Intangible assets 14		12	Investments—other securities. See Part IV, line 11			12	
15 Other assets. See Part IV, line 11 62,314 15 47,054. 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,758,888 16 1,948,820. 17 Accounts payable and accrued expenses 17 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, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 23 25 Total liabilities. Add lines 17 through 25 62,314 25 47,055. 26 Total liabilities. Add lines 17 through 25 62,314 26 47,055. 27 Net assets with donor restrictions 1,679,074 27 1,892,163. 28 Net assets with donor restrictions 17,500 28 9,602. 29 Capital stock or trust principal, or current funds 30 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 liabilities and net assets/fund balances 1,696,574 32 1,991,765. 33 Total liabilities and net assets/fund balances 1,758,888 33 1,948,820. 34 Total liabilities and net assets/fund balances 1,758,888 33 1,948,820. 35 Total liabilities and net assets/fund balances 1,758,888 33 1,948,820. 36 Total liabilities and net assets/fund balances 1,758,888 33 1,948,820. 37 Total liabilities and net assets/fund balances 1,758,888 33 1,948,820. 38 Total liabilities and net assets/fund balances 1,758,888 33 1,948,820. 37 Total liabilities and net assets/fund balances 1,758,888 33 1,948,820. 38 Total liabilities and net asset		13	. •	-		13	
16 Total assets. Add lines 1 through 15 (must equal line 33)		14				14	
17		15		-		15	
18 Grants payable 18 19 Deferred revenue 19 20 21 20 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 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 27 27 28 27 28 27 28 27 28 27 28 29 29 29 29 29 29 29					1,758,888.	-	1,948,820.
Tax-exempt bond liabilities				_			
20 Tax-exempt bond liabilities				-			
Escrow or custodial account liability. Complete Part IV of Schedule D . 21							
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			·	-			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons						21	
Unsecured notes and loans payable to unrelated third parties 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	ies	22					
Unsecured notes and loans payable to unrelated third parties 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	ij					00	
Unsecured notes and loans payable to unrelated third parties 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	iak	00		_ ⊢			
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	_			F			
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			, ,	_		24	
of Schedule D 62,314 25 47,055 26 Total liabilities. Add lines 17 through 25 62,314 26 47,055 Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33. 30 1,679,074 27 1,892,163 28 Net assets with donor restrictions 17,500 28 9,602 Organizations that do not follow FASB ASC 958, check here ☐ 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 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 1,696,574 32 1,901,765 33 Total liabilities and net assets/fund balances 1,758,888 33 1,948,820		23					
26 Total liabilities. Add lines 17 through 25					62 314	25	47 055
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		26				_	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	S				02/3111		17,70331
175 Total habilities and not association salarices	ce		,				
175 Total habilities and not association salarices	ılar	27	Net assets without donor restrictions		1,679,074.	27	1,892,163.
175 Total habilities and not association salarices	Ba						
175 Total habilities and not association balances	nd		Organizations that do not follow FASB ASC 958, check here		,		
175 Total habilities and not association balances	Ŧ.		and complete lines 29 through 33.	_			
175 Total habilities and not association balances	0 0	29	Capital stock or trust principal, or current funds			29	
175 Total habilities and not association balances	set	30		-		30	
175 Total habilities and not association balances	ASS	31	g ,	<u> </u>		31	
175 Total habilities and not association balances	et,						1,901,765.
	Z	33	Total liabilities and net assets/fund balances		1,758,888.	33	1,948,820.

REV 03/21/24 PRO Form **990** (2023)

	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)	1,0	45,6	41.
2	Total expenses (must equal Part IX, column (A), line 25)	8	66,6	20.
3	Revenue less expenses. Subtract line 2 from line 1	1	79,0	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,6	96,5	74.
5	Net unrealized gains (losses) on investments		19,7	24.
6	Donated services and use of facilities		6,4	46.
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1,9	01,7	65.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other MODIFIED CASH BASIS Cash Accrual			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
_		_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	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.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	×	
	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.			
•	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	20	×	
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		

REV 03/21/24 PRO Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	or the	e organization					Employer Identification	number
PRE	IANE	NCY SERVICES OF NORT					61-1351706	
Par	t I	Reason for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
The o	orgar	nization is not a private founda	ation because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)	
1		A church, convention of churc	hes, or associati	on of churches descr	ibed in se	ection 17	0(b)(1)(A)(i).	
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3		A hospital or a cooperative ho	spital service org	ganization described i	n sectior	170(b)(1	I)(A)(iii).	
4		A medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	r	nospital's name, city, and state	e:					
5	\Box A	An organization operated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
	S	section 170(b)(1)(A)(iv). (Com	plete Part II.)					
6		A federal, state, or local gover	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7		An organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	the general public
	C	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8		A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research organ	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college
		or university or a non-land-gra						
		university:						
10	X A	An organization that normally i	receives (1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross
	r	eceipts from activities related support from gross investmen	to its exempt full tincome and uni	nctions, subject to ce	rtain exce ble incom	eptions; a	and (2) no more than action 511 tax) from	331/3% Of Its
		acquired by the organization a						Duoi 100000
11		An organization organized and	l operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
12	\Box A	An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of
		one or more publicly supported						
	t	he box on lines 12a through 12	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
а		Type I. A supporting organ	ization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization					he directors or trust	ees of the
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B			
b		Type II. A supporting orga						
		control or management of				persons	that control or man	age the supported
	_	organization(s). You must	-					
С	L	Type III functionally integ						ally integrated with,
	_	its supported organization(. , .	,		-		
d	L	Type III non-functionally	•		•			• • • • • • • • • • • • • • • • • • • •
		that is not functionally integree requirement (see instruction						d an attentiveness
_	г	_ ` `	•	•		-		
е	L	Check this box if the organ functionally integrated, or ?						e II, Type III
f	En	ter the number of supported of		tionally integrated sup	oporting (Jigariizat	ion.	
g		ovide the following information	-	orted organization(s)				•
		ame of supported organization	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of
	(1)	arrie or supported organization	(11) 2.114	(described on lines 1–10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(D)								
(B)								
(C)								
(0)								
(D)								
(E)								
Tota	l							

Schedule A (Form 990) 2023 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) **(b)** 2020 (d) 2022 (a) 2019 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2023. 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 b 10%-facts-and-circumstances test - 2022. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	548,898.	521,807.	646,682.	477,718.	499,259.	2,694,364.
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	548,898.	521,807.	646,682.	477,718.	499,259.	2,694,364.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2,694,364.
Secti	on B. Total Support						2700170017
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	548,898.	521,807.	646,682.	477,718.	499,259.	2,694,364.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		18.	2,514.	7,460.	33,740.	43,732.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		18.	2,514.	7,460.	33,740.	43,732.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	548,898.	521,825.	649.196.	485.178.	532.999.	2,738,096.
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	first, second		or fifth tax ye	ar as a section	n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8					15	98.4 %
16	Public support percentage from 2022 Sch			<u> </u>		16	99.63 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2023 (-		17	1.6 %
18	Investment income percentage from 2022					18	0.37 %
19a	331/3% support tests—2023. If the organ						
h	17 is not more than 331/3%, check this box 331/3% support tests—2022. If the organiz	_	=	-		-	_
b	line 18 is not more than 331/3%, check this I	box and stop h	ere . The organi	zation qualifies	as a publicly s	upported orgar	nization .
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions . \square

Schedule A (Form 990) 2023 Page 4

Supporting Organizations Part IV

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

Se

ecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If</i> "Yes," <i>answer line 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Schedu	le A (Form 990) 2023		F	age 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
L		11a		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		
·	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations	10		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? 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.	2		
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
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?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		l	
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.			ions).

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? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*

b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	2b	
	3a	
1		
	3b	Г

2a

Schedule A (Form 990) 2023 Page **6**

				. ugo -
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sec	etion A-Adjusted Net Income	IIZai	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Οριίσται)
	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		
Sec	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sec	tion 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	☐ Check here if the current year is the organization's first as a non-functional		integrated Type III suppo	rting organization
	(see instructions).			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page **7**

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	·d)	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required-	VI)	5		
6	Other distributions (describe in Part VI). See instructions.	,	6		
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to whic	-			
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
	Section E—Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution		(ii) Underdistribution Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
_	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
e e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
7	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
_					
7	Excess distributions carryover to 2024. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
<u> </u>	Excess from 2021				
d	Excess from 2022				

REV 03/21/24 PRO

Excess from 2023 .

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PREGNANCY SERVICES OF NORTHERN KENTUCKY

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

Schedule of Contributors

Employer identification number

61-1351706

Organization type (check one):						
Filers o	f:	Section:				
Form 990 or 990-EZ		区 501(c)(3) (enter number) organization			
		4947(a)(1) no	onexempt charitable trust not treated as a private foundation			
		☐ 527 political	organization			
Form 99	0-PF	☐ 501(c)(3) exe	empt private foundation			
		☐ 4947(a)(1) no	4947(a)(1) nonexempt charitable trust treated as a private foundation			
		☐ 501(c)(3) taxable private foundation				
Note: O instructi	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.					
	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					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					

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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

REV 03/21/24 PRO

Schedule B (Form 990) (2023)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

PREGNANCY SERVICES OF NORTHERN KENTUCKY

Name of organization

(a) No.

Part I

BAA

Employer identification number 61-1351706

(a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** (See instructions.) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		¢	

from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b)	(c) FMV (or estimate)	(d)

Description of noncash property given

REV 03/21/24 PRO

(See instructions.)

Date received

Schedule B (Form 990) (2023)

(c)

Schedule B (Form 990) (2023)

Employer identification number

PREGNANCY SERVICES OF NORTHERN KENTUCKY 61-1351706 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held `from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift `from Part I (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Name c	the organization		Employer identification number				
PRE	NANCY SERVICES OF NORTHERN KENTUCK		61-1351706				
Par			ls or Accounts				
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year) .						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year		<u></u>				
5	Did the organization inform all donors and donor						
•	funds are the organization's property, subject to the	= -					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose						
	conferring impermissible private benefit?						
Par			· · · · · · · · · · · · · · · · · · ·				
rai	Complete if the organization answered	'Ves" on Form 990 Part IV line 7					
1	Purpose(s) of conservation easements held by the		_				
•	Purpose(s) of conservation easements field by the Preservation of land for public use (for example, recrease)		f a historically important land area				
	Protection of natural habitat	•	f a certified historic structure				
	☐ Preservation of open space		i a certified historic structure				
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation				
	easement on the last day of the tax year.	·	Held at the End of the Tax Year				
а	Total number of conservation easements						
b	Total acreage restricted by conservation easement						
C	Number of conservation easements on a certified h						
d	Number of conservation easements included on lir						
	on a historic structure listed in the National Registe	er	· 2d				
3	Number of conservation easements modified, tran	sferred, released, extinguished, or tern	ninated by the organization during the				
	tax year						
4	Number of states where property subject to conse						
5	Does the organization have a written policy re-						
	violations, and enforcement of the conservation ea						
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservation easements during the year				
_							
7	Amount of expenses incurred in monitoring, inspecting	ng, nandling of violations, and enforcing of	conservation easements during the year				
8	Does each conservation easement reported on line	2d above eatiefy the requirements of	section 170(h)(4)(R)(i)				
0	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports						
•	sheet, and include, if applicable, the text of the foo		•				
	organization's accounting for conservation easeme						
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets				
	Complete if the organization answered						
1a	If the organization elected, as permitted under FAS	SB ASC 958, not to report in its revenu	e statement and balance sheet works				
	of art, historical treasures, or other similar assets	s held for public exhibition, education	, or research in furtherance of public				
	service, provide in Part XIII the text of the footnote	to its financial statements that describe	es these items.				
b	If the organization elected, as permitted under FA						
	art, historical treasures, or other similar assets held		search in furtherance of public service,				
	provide the following amounts relating to these iter						
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$				
	(ii) Assets included in Form 990, Part X		\$				
2	If the organization received or held works of art,		assets for financial gain, provide the				
	following amounts required to be reported under F	_					
a	Revenue included on Form 990, Part VIII, line 1 .		\$				
b	Assets included in Form 990, Part X		\$				

Schedule D (Form 990) 2023 Page **2**

Part	Organizations Maintaining Co	llections of A	Art, His	torical T	reasures,	or Ot	her Similar Ass	sets (con	tinued)
3	Using the organization's acquisition, according to the collection items (check all that apply).								
а	☐ Public exhibition		d	Loan	or exchange	progra	am		
b	☐ Scholarly research		е	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization	's collections a	nd expla	ain how t	hey further tl	he org	anization's exem	pt purpos	e in Part
_	XIII.						.,		
5	During the year, did the organization soli assets to be sold to raise funds rather that							r □ Yes	☐ No
Part	IV Escrow and Custodial Arrang	ements							
	Complete if the organization an 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?								
b	If "Yes," explain the arrangement in Part >	XIII and comple	te the fo	llowing ta	able.				
							An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount or								∐ No
	If "Yes," explain the arrangement in Part	XIII. Check here	if the e	kplanatio	n has been p	rovide	ed in Part XIII .		
Par		1 407	– .		5	40			
	Complete if the organization an							1	
		a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the o	current year en	d balanc	e (line 1g	, column (a))	held a	as:		
а	Board designated or quasi-endowment	9	6						
b	Permanent endowment%								
С	Term endowment%								
_	The percentages on lines 2a, 2b, and 2c s								
3a	Are there endowment funds not in the po	ossession of the	e organi	zation tha	at are held a	nd adr	ministered for the		
	organization by:								es No
	.,							3a(i)	
_	()							3a(ii)	
_	If "Yes" on line 3a(ii), are the related organ		•					3b	
4	Describe in Part XIII the intended uses of		n's endo	wment fu	unds.				
Part			-	000 [2 + 1\	44- (O F 000	D =t V . !!	- 10
	Complete if the organization an							•	
	Description of property	(a) Cost or oth (investme	ent)	1	or other basis ther)		Accumulated preciation	(d) Book	alue
1a	Land		0.						0.
b	Buildings				83,250.		92,468.		,782.
С	Leasehold improvements				47,565.		20,456.		,109.
d	Equipment			2	36,266.		127,897.	108	369.
e	Other			<u> </u>					
Total.	Add lines 1a through 1e. (Column (d) must	t equal Form 99	00, Part 2	K, line 10d	c, column (B)))		726	,260.

Schedule D (Form 990) 2023 Page 3 Investments - Other Securities Part VII 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value Financial derivatives (2) Closely held equity interests (D) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) 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. (b) Book value (a) Description of investment (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, line 13, col. (B)) **Other Assets** Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4)(5) (6) (7) (8)Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CURRENT MATURITIES OF LEASE LIABILITY 15,471 (3) LONG TERM MATURITIES OF LEASE LIABILITY 31,584 (4) (5)(6) (7) (8)

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.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) .

Schedule D (Form 990) 2023

47,055.

Schedule D (Form 990) 2023 Page 4

	XI Reconciliation of Revenue per Audited Financial Stateme			Retu	rn
	Complete if the organization answered "Yes" on Form 990, F				
1	Total revenue, gains, and other support per audited financial statements			1	1,143,365.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	19,724.		
b	Donated services and use of facilities	2b	6,446.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	71,554.		
	Add lines 2a through 2d			2e	97,724.
	Subtract line 2e from line 1			3	1,045,641.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			1,013,011.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b		1	
	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1 045 641
Part 2					1,045,641.
rait	Complete if the organization answered "Yes" on Form 990, F			, 110	tuiii
4		arti	v, iiie iza.	1	020 174
	· · · · · · · · · · · · · · · · · · ·			-	938,174.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	۔ م	İ		
	Donated services and use of facilities	2a		- 1	
	Prior year adjustments	2b		-	
	Other losses			-	
	Other (Describe in Part XIII.)	2d	71,554.		
	Add lines 2a through 2d			2e	71,554.
	Subtract line 2e from line 1			3	866,620.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	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	e 18.)		5	866,620.
Part >					
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	to pro	ovide any additional in	forma	tion.
Pt XI	, Line 2d: OTHER ADJUSTMENT, FUNDRAISING REVENUES	ARI	E SHOWN NET OF	EXPE	INSES
Pt XI	, Line 2d: OTHER ADJUSTMENT, FUNDRAISING REVENUES	ARI	E SHOWN NET OF	EXPE	CNSES
	, Line 2d: OTHER ADJUSTMENT, FUNDRAISING REVENUES GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMEN				
ON PA	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMEN	NT O	F REVENUES AND	EXPE	NSES-MODIFIED
ON PA	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMEN	NT O	F REVENUES AND	EXPE	NSES-MODIFIED
ON PA	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMEN		F REVENUES AND	EXPE	NSES-MODIFIED
ON PA	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMEN		F REVENUES AND	EXPE	NSES-MODIFIED
ON PA	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMEN	NT O	F REVENUES AND	EXPE	NSES-MODIFIED
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CASH Pt XI THE 9	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMENT BASIS. I, Line 2d: FUNDRAISING EXPENSES REDUCE FUNDRAISI	NT O	F REVENUES AND	EXPE	NSES-MODIFIED
CASH Pt XI THE 9	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMENT BASIS. I, Line 2d: FUNDRAISING EXPENSES REDUCE FUNDRAISI 90, BUT ARE INCLUDED IN THE STATEMENT OF FUNCTION	NT O	F REVENUES AND	EXPE	NSES-MODIFIED
CASH Pt XI THE 9	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMENT BASIS. I, Line 2d: FUNDRAISING EXPENSES REDUCE FUNDRAISI 90, BUT ARE INCLUDED IN THE STATEMENT OF FUNCTION	NT O	F REVENUES AND	EXPE	NSES-MODIFIED
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CASH Pt XI THE 9	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMENT BASIS. I, Line 2d: FUNDRAISING EXPENSES REDUCE FUNDRAISI 90, BUT ARE INCLUDED IN THE STATEMENT OF FUNCTION	NT O	F REVENUES AND	EXPE	NSES-MODIFIED
CASH Pt XI THE 9	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMENT BASIS. I, Line 2d: FUNDRAISING EXPENSES REDUCE FUNDRAISI 90, BUT ARE INCLUDED IN THE STATEMENT OF FUNCTION	NT O	F REVENUES AND	EXPE	NSES-MODIFIED
CASH Pt XI THE 9	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMENT BASIS. I, Line 2d: FUNDRAISING EXPENSES REDUCE FUNDRAISI 90, BUT ARE INCLUDED IN THE STATEMENT OF FUNCTION	NG I	REVENUES AND REVENUE ON PAGE	EXPE	NSES-MODIFIED OF CASH
CASH Pt XI THE 9	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMEN BASIS. I, Line 2d: FUNDRAISING EXPENSES REDUCE FUNDRAISI 90, BUT ARE INCLUDED IN THE STATEMENT OF FUNCTION IN THE FINANCIAL STATEMENTS.	NG I	REVENUES AND REVENUE ON PAGE	EXPE	NSES-MODIFIED OF CASH
CASH Pt XI THE 9	GE 9 OF THE 990, BUT ARE SHOWN GROSS IN THE STATEMEN BASIS. I, Line 2d: FUNDRAISING EXPENSES REDUCE FUNDRAISI 90, BUT ARE INCLUDED IN THE STATEMENT OF FUNCTION IN THE FINANCIAL STATEMENTS.	NG I	REVENUES AND REVENUE ON PAGE	EXPE	NSES-MODIFIED OF CASH

Schedule D (For		Page 🞖
Part XIII	Supplemental Information (continued)	

SCHEDULE G (Form 990)

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** PREGNANCY SERVICES OF NORTHERN KENTUCKY 61-1351706 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events ☐ In-person solicitations 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 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Schedule G (Form 990) 2023

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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 5 ANNUAL RECEPTION BABY BOTTLE CAMPAIGN (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 256,050. 165,744. 140,802. 562,596. 1 2 Less: Contributions . . 3 Gross income (line 1 minus line 2) 256,050. 165,744. 140,802. 562,596. 4 Cash prizes . . . 5 Noncash prizes Direct Expenses 6 Rent/facility costs . . . 7 Food and beverages . . 8 Entertainment Other direct expenses . 38,803. 5,186. 27,565. 71,554. 10 71,554. Net income summary. Subtract line 10 from line 3, column (d) 491,042. 11 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . Cash prizes 2 Direct Expenses 3 Noncash prizes 4 Rent/facility costs . . . 5 Other direct expenses Volunteer labor . No 6 Direct expense summary. Add lines 2 through 5 in column (d) 7 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 а If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . If "Yes," explain:

> REV 03/21/24 PRO Schedule G (Form 990) 2023

cneau	ile G (Form 990) 2023		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		□No
13	Indicate the percentage of gaming activity conducted in:	1	
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name		
	Address		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	_	_
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	_	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	•	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

REV 03/21/24 PRO

BAA

Schedule G (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

20**23**Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
PREGNANCY SERVICES OF NORTHERN KENTUCKY	61-1351706
Pt VI, Line 11b: 990 IS REVIEWED AND APPROVED BY THE BOARD.	
Pt VI, Line 15a: FULL BOARD APPROVAL OF ALL COMPENSATION. MARKET RA	TES ARE REVIEWED
WHEN DETERMINING RATES.	
Pt VI, Line 15b: FULL BOARD APPROVAL OF ALL COMPENSATION. MARKET RA	TES ARE REVIEWED
WHEN DETERMINING RATES.	
Pt XII, Line 1: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PREPARE	D ON THE
MODIFIED CASH BASIS OF ACCOUNTING. THE 990 IS PREPARED ON THE SAME	BASIS WITH
THE EXCEPTION OF UNREALIZED GAINS/LOSSES ON INVESTMENTS, WHICH ARE	RECOGNIZED
IN THE FINANCIAL STATEMENTS, BUT ARE NOT RECOGNIZED IN THE 990, AND	FUNDRAISING
REVENUES, WHICH ARE SHOWN GROSS ON THE FINANCIAL STATEMENTS, BUT AR	E SHOWN NET
OF EXPENSES ON THE 990.	
Pt IX, Line 24e:	
Description: DONATION OF SERVICES	
Total: \$6,446	
Program services: \$6,446	
Management and general: \$0	
Fundraising: \$0	
Description: BANK FEES	
Total: \$9,903	
Program services: \$0	
Management and general: \$9,903	
Fundraising: \$0	
Description: NEWSLETTER	
Total: \$25,920	
Program services: \$0	

Schedule O (Form 990) 2023 Page **2**

Name of the organization	Employer identification number
PREGNANCY SERVICES OF NORTHERN KENTUCKY	61-1351706
Management and general: \$0	
Fundraising: \$25,920	
Description: INCENTIVES	
Total: \$615	
Program services: \$615	
Management and general: \$0	
Fundraising: \$0	
Description: MEDICAL SUPPLIES	
Total: \$17,140	
Program services: \$17,140	
Management and general: \$0	
Fundraising: \$0	
Description: PROPERTIES & MAINTENANCE	
Total: \$19,288	
Program services: \$15,430	
Management and general: \$1,929	
Fundraising: \$1,929	
Description: MISCELLANEOUS EXPENSE	
Total: \$7,581	
Program services: \$0	
Management and general: \$1,304	
Fundraising: \$6,277	
Description: PROFESSIONAL FEES	
Total: \$5,449	
Program services: \$0	
Management and general: \$5,449	
Fundraising: \$0	