

Leslee Unruh Total Pro-life Salaries in Year 2007 - \$161,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490225006008

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2007
 Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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

C Name of organization: ALPHA CENTER
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 801 E 41st Street STE A
 City or town, state or country, and ZIP + 4: SIOUX FALLS, SD 57105

D Employer identification number: 36-3347022
E Telephone number: (605) 361-3500
F Accounting method: Cash Accrual
 Other (specify) _____

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
LESLEE UNRUH 2801 KINKADE LANE SIOUX FALLS, SD 57103	KEY EMPLOYEE 25 00	64,086	0	237

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490226002158

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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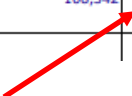
C Name of organization: NATIONAL ABSTINENCE CLEARINGHOUSE
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 801 E 41ST ST
 City or town, state or country, and ZIP + 4: SIOUX FALLS, SD 57105

D Employer identification number: 46-0446416
E Telephone number: (605) 335-3643
F Accounting method: Cash Accrual
 Other (specify) _____

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
lakita garth-wright 1551 REGENCY COURT CALUMET CITY, IL 60409	CHAIRWOMAN 0 25	0	0	0
JULIE LAIPPILY 2200 WILSON BLVD ARLINGTON, VA 22201	VICE CHAIRWOMAN 0 25	0	0	0
MARVALLA LANDMAN 2631 240TH STREET DOON, IA 51235	SECRETARY 0 25	0	0	0
Luis Galdamez 22108 Blondon Court Wildomar, CA 92596	Treasurer 0 25	0	0	0
ROBERT SIEDLECKI 4605 S OCEAN BLVD HIGHLAND BEACH, FL 33487	BOARDMEMBER 0 25	0	0	0
LIBBY MACKE 346 ROMONA ROAD WILMETTE, IL 60091	BOARDMEMBER 0 25	0	0	0
LESLEE J UNRUH 2801 KINKADE SIOUX FALLS, SD 57103	KEY EMPLOYEE 40 00	96,883	0	404

Year 2019 \$176,300

efile Public Visual Render		ObjectID: 001 - Submission: 2015-01-16	TIN: 20-5478191																																										
<p>Form 990 <small>Department of the Treasury Internal Revenue Service</small></p>	<p>Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation). 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.</p>			<p>OMB No. 1545-0047 2019 Open to Public Inspection</p>																																									
A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019																																													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization ALPHA CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3405 S KIWANIS AVENUE City or town, state or province, country, and ZIP or foreign postal code SIOUX FALLS, SD 571054213			D Employer identification number 36-3347022 E Telephone number (605) 361-3500 G Gross receipts \$ 1,030,169																																								
DIRECTOR (8) APRIL KURTZ 1.00 DIRECTOR (9) LESLEE UNRUH 30.00 FOUNDER/EMPLOYEE 25.00		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>X</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td>X</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>												X											X							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>108,342</td><td>67,950</td><td>192</td></tr> </table> 								0	0	0	108,342	67,950	192
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