

Memo

Date: February 14, 2024

Re: Assessment of Susan B. Anthony's "Charlotte Lozier Institute" latest "CPC Value" estimates

On December 15, 2023, the Charlotte Lozier Institute, Care Net, Heartbeat International, and NIFLA (CLI et al) released their most recent estimates for the value of goods and services provided by the "crisis pregnancy center" (CPC) industry in FY 2022. This memo builds upon past similar reports for FY 2017 and FY 2019¹. Legislators advancing public funding to the CPC industry and advocates enabling regressive reproductive health policy have often cited CLI et al's analysis of the estimated value of goods and services provided by CPCs^{2 3}, but these data fail to fully account for the tremendous expenditures reported by known CPCs in their annual 990 reports.

Big Picture Takeaways

1. While the CPC industry has claimed CPCs have experienced a dramatic increase in demand post-*Dobbs*, CLI et al estimates a less than 1% increase in "new clients" between their FY 2019 and FY 2022 reports.
2. The 2023 CLI et al CPC report claims in FY 2022, 2,750 CPCs provided a value of \$350M in goods and services. Meanwhile, 990 records from the same fiscal year indicate total expenses for only 1,469 CPCs topped \$1.2B; revenues topped \$1.4B.
3. CLI et al estimates indicate that while CPCs saw less than a 1% increase in 'new clients' served from FY2019 to FY2022, the distribution of material goods (such as diapers and baby clothes) and parenting classes (often required for clients to receive material goods⁴) account for the most significant increase in services provided.
4. CLI et al's analysis suggests a CPC industry transition from "volunteer" providers to paid, "licensed medical staff," with a significant drop in estimates for volunteers and increase in paid staff. At the same time, CLI et al estimates note a drop or nominal increase in the number of "medical services" (defined as pregnancy tests, non-diagnostic ultrasounds, and STI tests) provided.
5. Available FY 2022 990 reports indicate a dramatic increase in overall CPC industry revenue and public funding.

CPCs are largely religiously motivated, anti-choice (opposing abortion and birth control) nonprofit organizations⁵ that function as the mass, retail-facing backbone of the anti-choice movement. While CPCs claim to provide medical care - including the provision of pregnancy tests, ultrasounds, and reproductive health counseling - they are not regulated by state or federal health agencies and largely do not employ medically licensed staff⁶. Rather, CPCs are a national, coordinated industry led by three organizations - Care Net, Heartbeat International, and the National Institute of Family and Life Advocates (NIFLA) - which have implicit and explicit relationships with every part of the anti-choice movement. CPCs are both recipients and providers of anti-choice movement funding, beneficiaries of or influencers in anti-choice policy campaigns, and organizing hubs for anti-choice movement recruitment and radicalization—including serving as staging sites for abortion clinic harassment.

A better understanding of CLI’s data is urgently needed. There is strong potential the CLI et al data will play an important role in advancing 2024 state appropriations for CPCs and in defense of regressive reproductive and maternal health policy. While the CPC industry has resisted legislative and regulatory efforts to better understand the impact of this industry and its business practices, CPCs have quietly grown to a multi-billion dollar a year industry - with significant public funding - whose finances have yet to face meaningful scrutiny.

The following discusses challenges in assessing CPC finances, 990 reported revenues and expenditures for known CPCs, and trends in data reported by CLI et al.

A. Data Sources and Methodology

Our analysis used CPC tax identification numbers (EINs) to identify revenue and expenses data for CPCs. To curate the list of CPCs in our sample, we used EINs provided by the ReproAction⁷ and #ExposeFakeClinics⁸ CPC databases. We then used CauseIQ to pull 990 data based on this list of EINs.⁹ For funding information, we relied on CauseIQ’s “Foundation Search” which matches the grants reported by funding institutions’ 990s to recipient organizations. For CLI et al data, we used the Charlotte Lozier Institute reports publicly available online at <https://lozierinstitute.org/pcr/>.

***Challenges assessing CPC finances an “impact”**

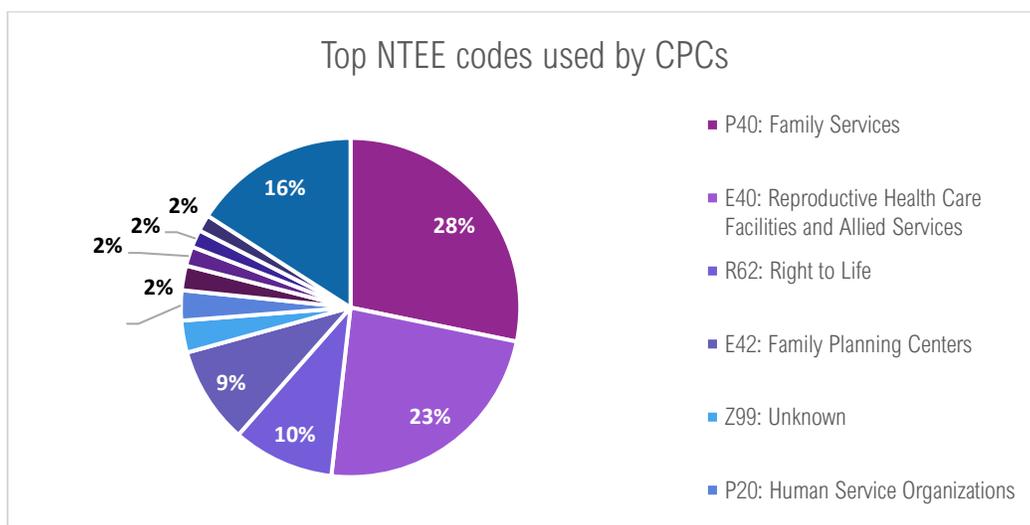
Assessing CPC industry finances and the potential impact of CPC industry investment is complicated by several factors, some of which (in particular, #2, 4, and 6) could be easily resolved:

1. **Timeliness.** There is a cumulative one- to two-year lag in the reporting and publishing of 990 data making it difficult to appreciate the full picture of CPC industry revenues/expenses in real time.
2. **Distinguishing CPCs.** CPCs do not always disclose themselves as CPCs and have been permitted to operate in a regulatory grey zone for decades.^{10 11} Indeed, the IRS inconsistently codes CPCs with NTEE codes (national taxonomy of exempt entities, a taxonomy used by the IRS to categorize nonprofit organizations) ranging from R62 (Right to Life) to P40 (Family Services) or E40 (Reproductive Health Care Facilities). There is no standardized definition of CPCs, making it difficult to isolate these institutions.
3. **Frequent changes to identifying information.** CPCs regularly change their names and addresses, making them difficult to track year-to-year. For the 2,207 CPCs for which we have been able to identify tax information, 769 (35%) report on their 990s at least one former or different “doing business as” name between 2018-2022.
4. **Public Funding.** Public funding is difficult to decipher and not centrally monitored. Public funding for the CPC industry is allocated from different state and federal agencies – for example, some states appropriate funds to “alternatives to abortion” programs (A2A) that often have limited and inconsistent reporting requirements, some states direct federal TANF money to CPCs^{12 13}, some CPCs receive federal funding to provide “abstinence only until marriage” programming through the official Title V SRAE program or through the discretionary SRAE fund¹⁴, and some CPCs have received Title X funding.¹⁵ State vs federal funding is not distinguished on 990s. Finally, some states route their A2A funding through an intermediary such as North Carolina’s *Carolina Pregnancy Care Fellowship/ LifeLink*¹⁶ or Kansas’ *Kansas Pregnancy Care Network*, which recently received a \$2M contract from the state government.¹⁷ CPCs may not individually recognize funding from these programs as a government grant on their 990s. For example, Life Care Pregnancy Center in Carthage, NC received \$73,819 from Carolina Pregnancy Care Fellowship in 2022 but reported no government grants on their form 990.¹⁸
5. **CPCs nested within larger institutions.** Some CPCs are housed within larger institutions and their finances and activities are consolidated under and tied to the same EIN.¹⁹ For example, the “Foundations for Life Pregnancy Center” with four locations in Florida is part of the Catholic Charities of St. Petersburg. The connection between the CPC and Catholic Charities is noted on their “about us”

section of the CPC website – “Please consider a gift to Catholic Charities. There are many ways to donate to the Center.” The Catholic Charities website also states the connection: “At the four Foundations of Life Pregnancy Centers and Knights Women’s Center run by Catholic Charities in the Diocese of St. Petersburg, these women encounter a loving and responsive team that is committed to helping them set and achieve goals and meet immediate needs.”²⁰ Likewise, the Catholic Charities of the Archdiocese of Galveston Houston houses a CPC called Blessed Beginnings Life Center.²¹

6. **CPC Industry claims cannot be independently verified with (currently) available data.** CLI et al’s estimates present numerous challenges to meaningful analysis of the “value” of CPCs including, but not limited to:

- CLI et al does not share the list of the CPCs included in its analysis (rather, notes a total of 2700 in FY 2019 and 2750 in FY 2022 were included in its’ estimates).
- States that do appropriate funding to CPCs most often do not require meaningful reporting on how funds are applied, making it difficult for relevant agencies to assess the impact of taxpayer funding for CPCs which could inform more strategic, impactful investment of public funds. For example, Texas’ FY2022 A2A report notes that the state’s \$47,359,407 in A2A grant funding served 113,125 clients but gives no accounting of what goods or services this amounted to beyond qualitative descriptions of outreach activities.^{22 23} Similarly, advocates have pointed out a lack of transparency in the reporting of A2A program grants in Florida and North Carolina, where, like Texas, A2A funding has soared in recent years with very limited oversight.^{24 25 26}
- The CPC industry has repeatedly rejected calls from state and federal legislators for increased transparency of CPC finances and business practices.^{27 28 29}



B. Charlotte Lozier Institute’s estimate of CPC value accounts for a fraction of the expenses CPCs report to the IRS.

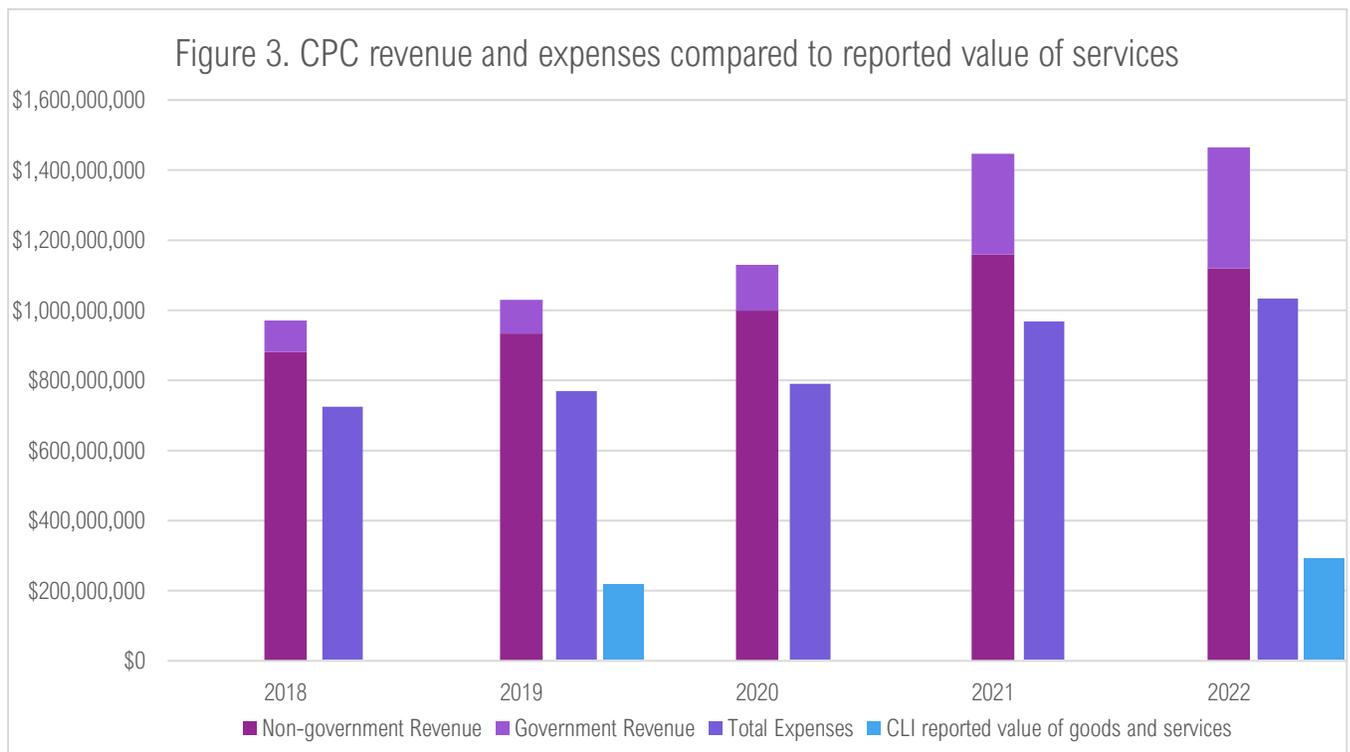
- CLI claims in 2019, 2700 CPCs provided \$266.7M in value through material goods and services; 990 data for just 1,719 CPCs (presumably 63% of CPCs in the CLI et al report) finds total expenses amounted to \$957M+.
- CLI claims in 2022, 2750 CPCs provided \$358.7M in value through material goods and services; 990 data for 1,469 CPCs (presumably 53% of CPCs in the CLI et al report) finds total expenses amounted to \$1.28B+.

Figure 1. Summary of 990 Data		
	FY 2019	FY 2022
CPCs with available 990 data	1,719	1,469
Total revenue	\$1,030,319,625	\$1,464,454,628
Total expenses	\$957,206,057	\$1,287,340,151
CPC Data Reported by CLI		
Number of CPCs in CLI estimate	2,700	2,750
Estimated "value" provided according to CLI	\$266,764,916	\$358,725,517

Figure 2.	CPCs with available FY 2022 990 data	Reported revenues	Reported expenses	*Reported Government grants (included in reported revenue)
AK	9	\$4,512,328	\$3,710,453	\$940,115
AL	36	\$13,560,348	\$10,473,274	\$442,708
AR	17	\$5,648,557	\$4,433,715	\$46,087
AZ	17	\$22,217,062	\$21,744,103	-
CA	99	\$64,255,051	\$45,875,007	\$5,042,536
CO	30	\$63,619,811	\$57,609,357	\$13,799,667
CT	10	\$3,632,849	\$3,671,344	\$17,257
DC	2	\$1,299,630	\$825,799	-
DE	4	\$1,183,218	\$992,189	-
FL	86	\$84,996,124	\$69,614,915	\$21,638,871
GA	52	\$24,906,229	\$20,428,162	\$1,910,127

HI	4	\$455,410	\$426,140	-
IA	26	\$8,186,834	\$6,861,932	-
ID	9	\$3,627,749	\$2,312,928	-
IL	47	\$35,165,268	\$30,464,075	\$83,275
IN	41	\$48,419,002	\$40,002,858	\$13,247,926
KS	19	\$5,268,581	\$4,280,906	\$60,669
KY	27	\$12,456,713	\$9,961,075	\$217,370
LA	23	\$29,758,903	\$29,095,325	\$12,800,954
MA	10	\$3,077,549	\$2,746,412	\$60,769
MD	24	\$7,219,566	\$6,132,290	\$37,440
ME	5	\$1,021,329	\$826,597	-
MI	60	\$218,491,867	\$214,259,158	\$295,234
MN	47	\$22,244,382	\$18,496,973	\$1,837,857
MO	44	\$28,347,449	\$23,912,117	\$1,637,873
MS	23	\$8,626,567	\$5,596,438	\$7,500
MT	8	\$3,804,473	\$2,614,307	\$20,560
NC	74	\$40,271,157	\$28,834,581	\$9,501,160
ND	7	\$4,670,840	\$3,598,493	\$620,569
NE	12	\$10,175,707	\$6,934,630	\$100,944
NH	9	\$2,282,243	\$1,928,241	-
NJ	19	\$8,778,098	\$7,345,125	\$164,242
NM	11	\$5,656,061	\$4,453,815	\$190
NV	5	\$5,244,310	\$3,727,414	-
NY	57	\$24,669,360	\$21,279,553	\$1,044,910
OH	69	\$105,522,015	\$95,570,407	\$14,059,130
OK	22	\$5,598,973	\$4,789,190	\$36,516
OR	28	\$17,424,785	\$10,872,574	\$4,479,608
PA	59	\$66,722,486	\$59,510,981	\$1,761,316
PR	1	\$428,750	\$431,041	-
RI	3	\$1,671,039	\$1,009,928	-
SC	24	\$11,108,573	\$8,392,650	\$31,125
SD	4	\$2,517,623	\$1,594,432	-
TN	46	\$24,874,450	\$18,823,237	\$754,472
TX	119	\$335,663,649	\$315,952,498	\$234,422,158

UT	5	\$4,195,560	\$3,478,479	-
VA	36	\$23,929,425	\$20,134,642	\$249,185
VT	5	\$893,477	\$706,459	-
WA	28	\$15,133,426	\$12,940,351	\$664,772
WI	33	\$15,185,712	\$12,847,110	\$2,497,610
WV	7	\$2,733,360	\$2,406,128	\$20,000
WY	7	\$3,100,700	\$2,410,343	-
TOTAL	1,469	\$1,464,454,628	\$1,287,340,151	\$344,552,702



C. CLI et al estimates for clients served and services provided

CLI et al's CPC analysis suggests that while its "value" in goods and services dramatically increased in FY 2022, the number of clients served and services provided either only marginally increased or decreased since FY 2019. Increases in material goods distributed (diapers, baby clothes, etc) account for the majority of increases in services provided from FY 2019 to FY 2022.

- CLI et al's FY 2022 report does not include a methodology but provides updated "values" from its FY 2019 report.

- CLI et al assess the CPC industry provided nearly \$100M more in value in FY 2022 despite an increase of only 0.8% in “new clients.” CLI does not provide an overall estimate for the number of clients served.
- CLI et al note that in FY 2022, the CPC industry saw an increase of 21% in “licensed medical staff” but reports a decrease of 4% in pregnancy tests provided, decrease of 8% in “post abortion” clients seen, and an increase of only 6% for their non-diagnostic, limited obstetrical ultrasound services.
- While the number of staff increased between FY 2019 and FY 2022, CLI et al report a decrease in the overall number of CPC volunteers (19% decrease) and the number of “licensed medical volunteers” (20% decrease). This indicates a growing preference for employed staff over volunteers.
- CLI et al report a 42% drop in students exposed to their abstinence-only until marriage programs.
- CLI et al report large increases in the material support (e.g., diapers, wipers, baby clothes) distributed. Between FY 2019 and FY 2022 the number of diapers distributed increased 64%, the number of wipes 43%, and the number of baby clothes outfits 52%. This accounts for the vast majority of expense increases, while being also the lowest valued unit cost expenses based on CLI et al’s own reporting.

Figure 4. Summary: Charlotte Lozier Institute, Care Net, Heartbeat International, and NIFLA Analysis of "Estimated Value of Goods and Services Provided by CPCs" by Units, as reported by CLI et al

CPC Data Provided	Estimated Unit Price (from CLI, 2022)	2017	2019	2022	Difference from 2019
Number of people served	-	<2,000,000	<2,000,000	*not reported	
Number of "new clients"	\$31 / consultation		967,251	974,965	0.8%
Number of centers	-	2,752	2,700	2,750	2%
Number of CPCs offering ultrasounds	-	70%+	2,132	2,252	5%
Number of paid staff	-		14,977	17,646	15%
Number of "licensed medical staff"	-		3,791	4,779	21%
Number of "licensed medical volunteers"	-		6,400	5,396	-19%
Number of mobile units	-	100			
Contacts to HBI Option Line	-	360,000			
Number of Volunteers	-	67,400	53,855	44,930	-20%
Number of Pregnancy Tests provided	\$9 / test	679,600	732,000	703,835	-4%
Number of ultrasounds provided	\$250 / ultrasound	400,100	486,000	517,557	6%
RN/RDMS hours performing ultrasounds	\$42 / hour		476,413	517,557	8%

STI/STD checks	\$28 / check		160,200	203,171	21%
RN hours meeting with STD/STI test clients	\$42 / hour		99,522	104,559	5%
Number of people that participated in parenting course	\$186 / person	295,900	291,000	408,301	29%
Number of "post abortion" clients	\$155 / client	24,100	21,000	19,383	-8%
Number of students exposed to CPC led "sexual risk avoidance" education programming	\$6 / student	>1,000,000	881,000	619,966	-42%
Packs of diapers	\$11 / pack		1,290,079	3,590,911	64%
Packs of wipes	\$3 / pack		689,382	1,216,438	43%
Baby clothing outfits	\$5 / outfit		2,033,513	4,256,274	52%
Containers of baby formula	\$20 / container			300,008	
New Car Seats	\$80 / car seat		30,445	43,192	30%
New Cribs	\$150 / crib			23,486	
Strollers	\$15 / stroller		19,249	30,188	36%
FY 2017: https://lozierinstitute.org/wp-content/uploads/2018/09/A-Half-Century-of-Hope-A-Legacy-of-Life-and-Love-FULL.pdf					
FY 2019: https://lozierinstitute.org/wp-content/uploads/2023/01/Pregnancy-Center-Report-2020_FINAL.pdf					
FY 2022: https://lozierinstitute.org/wp-content/uploads/2023/12/Pregnancy-Center-Update_2022.pdf					

Figure 5. Summary: Charlotte Lozier Institute, Care Net, Heartbeat International, and NIFLA Analysis of "Estimated Value of Goods and Services Provided by CPCs" by Cost, as reported by CLI et al

CPC Data Provided	2019	2022	Difference from 2019
Consulting with "new clients"	\$28,717,682	\$30,165,417	5%
Number of Pregnancy Tests provided	\$6,586,956	\$6,334,515	-4%
Number of ultrasounds provided	\$121,553,250	\$129,389,250	6%
RN/RDMS hours performing ultrasounds	\$17,912,087	\$21,576,951	17%
STI/STD checks	\$4,325,427	\$5,688,788	24%
RN hours meeting with STD/STI test clients	\$3,706,199	\$4,475,125	17%
Number of people that participated in parenting course	\$51,879,712	\$75,796,998	32%
Number of "post abortion" clients	\$3,221,068	\$2,998,550	-7%
Number of students exposed to CPC led "sexual risk avoidance" education programming	\$2,114,700	\$3,719,796	43%
Packs of diapers	\$12,900,790	\$40,218,203	68%
Packs of wipes	\$2,068,146	\$3,649,314	43%
Baby clothing outfits	\$9,150,809	\$21,281,370	57%
Containers of baby formula		\$6,000,160	
New Car Seats	\$2,435,600	\$3,455,360	30%
New Cribs		\$3,522,900	
Strollers	\$192,490	\$452,820	57%
Estimated value of goods and services	\$266,764,916	\$358,725,517	
FY 2017: https://lozierinstitute.org/wp-content/uploads/2018/09/A-Half-Century-of-Hope-A-Legacy-of-Life-and-Love-FULL.pdf			
FY 2019: https://lozierinstitute.org/wp-content/uploads/2023/01/Pregnancy-Center-Report-2020_FINAL.pdf			
FY 2022: https://lozierinstitute.org/wp-content/uploads/2023/12/Pregnancy-Center-Update_2022.pdf			

D. CPC Industry Funding

CPCs receive both private and public funding, with the majority coming from private foundations, donor advised funds, and community foundations.

Public funding. According to available FY 2022 990 reports:

- 197 CPCs (13% of the total sample) reported government grants. Government grants to these CPCs totaled \$344M. \$284.4M that total went to CPC organizations with over \$10M in revenue, indicating the majority of government grants go to the largest players in the CPC industry.
- Most public funding is concentrated in large institutions that have CPCs nested within them or as a part of their programming.
- Twenty-one CPCs reported the federal grant programs from which they received funding. For these CPCs, the most common sources of federal funding are emergency solutions grant program, emergency food and shelter national board program, community development block grants, temporary assistance for needy families (TANF), social services block grant, and continuum of care program grants.

Private funding. According to available FY 2022 990 reports:

- Many of the top donors to CPCs are large financial institutions or community foundations (e.g., Schwab, California Community Foundation) that provide donor advised fund services to high net wealth individuals.
- The list below identifies the top funders to CPCs by total amount given in 2018-2022. Data for this table was taken from matching the grants reported on funder 990s with known CPCs.

Figure 6. Top 30 private funders to CPCs by total amount given (2018-2022)

Funder	# of Grants	Total Gifts Reported 2018-2022
National Christian Foundation / Natl Christian Charitable FDN Inc	948	\$69,784,255
Fidelity Investments Charitable Gift Fund	999	\$42,151,088
Schwab Charitable Fund	549	\$21,477,646
American Endowment Foundation	337	\$9,192,058
United Way of Greater Houston	8	\$6,869,674
National Philanthropic Trust	161	\$5,554,333
Vanguard Charitable Endowment Program	132	\$4,149,959
Colorado Gives Foundation	38	\$4,121,214
St Josephs Center Foundation	4	\$4,105,992
American Online Giving Foundation	157	\$3,822,233
Morgan Stanley Global Impact Funding Trust	96	\$3,353,000
The Greater New Orleans Foundation	11	\$3,274,912

Community Foundation of Elkhart County (CFEC)	13	\$3,194,469
Houston Endowment	7	\$3,000,000
Catholic Foundation Northern Colorado	24	\$2,942,919
Kevin Coleman Foundation	5	\$2,791,867
Fatima Foundation of Milwaukee	3	\$2,671,594
The Signatry	65	\$2,593,405
Communities Foundation of Texas	71	\$2,262,198
The Dallas Foundation	12	\$1,930,807
Mary Cross Tippmann Foundation	6	\$1,918,000
St Josephs Center Auxiliary	3	\$1,877,500
The Sunderland Foundation	4	\$1,870,000
Russo Foundation / Christians Alliance	4	\$1,829,255
WaterStone	84	\$1,823,191
Community Foundation of Tampa Bay (CFTB)	19	\$1,685,365
The Ayco Charitable Foundation	31	\$1,651,760
United Way of St Charles	4	\$1,638,536
California Community Foundation	27	\$1,637,685
JE and LE Mabee Foundation	3	\$1,477,000

Discussion

CLI et al's FY 2022 report compared to the available CPC 990 analysis suggests several trends and questions:

1. There is no clear explanation for the dramatic discrepancy between the expenses CPCs report in forms 990 and the value of services reported by CLI et al. Given the tremendous and increasing investment in the CPC industry and the role it claims to play in the social support ecosystem, it is imperative to understand how funds are being deployed.
2. Taxpayer funding of the CPC industry dramatically scaled between FY 2019-FY 2022. In FY 2022 of the 1,469 990s we accessed, 197 CPCs reported receipt of over \$344M, a 257% increase from FY 2019 when 156 of the 1,719 CPC 990s we accessed reported receipt of just under \$97M. In the wake of *Dobbs*, several states that banned or severely restricted abortion enthusiastically announced renewed and often increased funding for CPCs with no independent analysis of the impact of these funds nor understanding of how the CPC industry is using these funds.
3. CLI et al's report indicates the CPC industry is investing in retaining an increasingly "medically licensed staff". While CLI et al does not define "medically licensed", this would suggest an increased proportion of medical professionals in institutions promoting "medical" services. This should be understood as a broader CPC industry trend demanding a more defined regulatory framework.

4. There are immediate regulatory actions that would help understand the impact of taxpayer funding to the CPC industry. For example, the IRS could specify an NTEE code for crisis pregnancy centers or provide guidance for reporting government funding. These actions would further transparency and increase ability to assess CPC industry impact.

Despite the 50+ year history of CPC industry activity, no independent analysis exists documenting the needs of the CPC industry's targeted audience nor the impact of CPC services. CLI et al's 2022 report suggests the CPC industry is not expanding to reach new or larger client bases, a fact that is difficult to reconcile with its dramatically increased funding. If the CPC industry itself does not have evidence it is effectively or efficiently meeting demonstrated community needs, what metrics are state legislators using to determine appropriations of – indeed, often increased – taxpayer funds? And what accountability will legislators seek for allocations of FY 2022 public funds in the upcoming 2024 legislative session?

¹ Charlotte Lozier Institute. "Pregnancy Center Reports." Accessed January 23, 2024. <https://lozierinstitute.org/pcr/>.

² "U.S. House of Representatives: House Session, Part 1 | January 17, 2024 | C-SPAN.org." www.c-span.org, January 17, 2024. <https://www.c-span.org/video/?532972-2/house-session-part-1>.

³ House Committee on Ways and Means. "Markup of H.R. 6918," January 11, 2024. <https://waysandmeans.house.gov/event/markup-of-h-r-6918/>.

⁴ Dobkin, Jack. "In the Grand Scheme: Six Sinister Tactics Employed by Anti-Abortion Centers." Equity Forward, n.d. <https://equityfwd.org/research/grand-scheme-six-sinister-tactics-employed-anti-abortion-centers>.

⁵ Borrero S, Frietsche S, Dehlendorf C. Crisis Pregnancy Centers: Faith Centers Operating in Bad Faith. J Gen Intern Med. 2019 Jan;34(1):144-145. doi: 10.1007/s11606-018-4703-4. Epub 2018 Oct 18. PMID: 30338473; PMCID: PMC6318184.

⁶ AMA J Ethics. 2018;20(3):269-277. doi: 10.1001/journalofethics.2018.20.3.pfor1-1803.

⁷ Reproaction. "The Fake Clinic Database | Pregnancy Resource Center." reproaction.org, August 17, 2018. <https://reproaction.org/fakeclinicdatabase/>.

⁸ Fake clinic locations — Expose fake clinics. (n.d.). Expose Fake Clinics. <https://www.exposefakeclinics.com/cpc>

⁹ CauseIQ, n.d. <https://www.causeiq.com>.

¹⁰ Montoya, Melissa N, Colleen Judge-Golden, and Jonas J Swartz. "The Problems with Crisis Pregnancy Centers: Reviewing the Literature and Identifying New Directions for Future Research." International Journal of Women's Health 14 (June 8, 2022): 757–63. <https://doi.org/10.2147/IJWH.S288861>.

¹¹ Bryant, Amy G, and Jonas J Swartz. "Why Crisis Pregnancy Centers Are Legal but Unethical." AMA Journal of Ethics 20, no. 3 (March 1, 2018): 269–77. <https://doi.org/10.1001/journalofethics.2018.20.3.pfor1-1803>.

¹² Murtha, Tara. "Why Are Anti-Abortion Activists Taking Money Meant for Children in Crisis? | Women's Law Project." Women's Law Project, March 16, 2023. <https://www.womenslawproject.org/2023/03/16/why-are-anti-abortion-activists-taking-money-meant-for-children-in-crisis/>.

¹³ Glenza, Jessica. "At Least 10 States Divert Federal Welfare Funding to Anti-Abortion Clinics." The Guardian, June 4, 2021. <https://www.theguardian.com/world/2021/jun/04/states-divert-federal-welfare-funding-anti-abortion-clinics>.

¹⁴ Guttmacher Institute. "Federally Funded Abstinence-Only Programs: Harmful and Ineffective." Guttmacher Institute, April 28, 2021. <https://www.guttmacher.org/fact-sheet/abstinence-only-programs>.

¹⁵ Mencimer, Stephanie. "The Trump Administration Is Giving Family Planning Funds to a Network of Anti-Abortion Clinics." Mother Jones, February 2020. <https://www.motherjones.com/politics/2019/11/the-trump-administration-is-giving-family-planning-funds-to-a-network-of-anti-abortion-clinics-obria/>.

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