



<h1 style="margin: 0;">CHAR500</h1> <p style="margin: 0;">Annual Filing Checklist</p>	<p>Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:</p> <ul style="list-style-type: none"> <li>- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.</li> <li>- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.</li> <li>- Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.</li> </ul>
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**Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

**Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

**Send Your Filing**

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A filers** are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL filers** are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL filers** are registered under both 7A and EPTL.

**EXEMPT filers** have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2017**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning **APR 1, 2017** and ending **MAR 31, 2018**

<b>B</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	<b>C</b> Name of organization <b>MOTHER AND UNBORN BABY CARE OF LI, INC</b>		<b>D</b> Employer identification number <b>11-2767098</b>
	Doing business as <b>THE LIFE CENTER OF LONG ISLAND,</b>		<b>E</b> Telephone number <b>516-798-9100</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,644,819.</b>
	<b>35 E. WILLOW STREET</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>MASSAPEQUA, NY 11758</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>GLORIA SCHREIBER</b> <b>35 EAST WILLOW STREET, MASSAPEQUA, NY 11758</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.LIFECENTERLI.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1986</b>
<b>M</b> State of legal domicile: <b>NY</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CRISIS PREGNANCY COUNSELING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>18</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>150</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,505,457.</b>	<b>Current Year</b> <b>1,522,566.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,875.</b>	<b>1,267.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>108,213.</b>	<b>80,343.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,616,545.</b>	<b>1,604,176.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>840,366.</b>	<b>826,415.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>585,789.</b>	<b>544,211.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>124,168.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>283,826.</b>	<b>296,216.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,709,981.</b>	<b>1,666,842.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-93,436.</b>	<b>-62,666.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>1,430,148.</b>	<b>End of Year</b> <b>1,386,752.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>32,084.</b>	<b>38,159.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,398,064.</b>	<b>1,348,593.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>GLORIA SCHREIBER, EXECUTIVE DIRECTOR</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT J. BOGARDT</b>	Preparer's signature <b>ROBERT J. BOGARDT</b>	Date <b>01/10/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00171624</b>
	Firm's name ▶ <b>BOGARDT &amp; COMPANY, LLP, CPA'S</b>	Firm's EIN ▶ <b>11-3413381</b>			
	Firm's address ▶ <b>140 FELL CT., STE 300 HAUPPAUGE, NY 11788</b>	Phone no. <b>631-348-0100</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>MOTHER &amp; UNBORN BABY CARE OF LONG ISLAND, INC</b>	Employer identification number (EIN) or <b>11-2767098</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>35 EAST WILLOW ST</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MASSAPEQUA, NY 11758</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ GLORIA SCHREIBER, EXECUTIVE DIRECTOR, 35 E WILLOW ST MASSAPEQUA, NY

Telephone No. ▶ 516-798-9100 Fax No. ▶ 516-798-8748

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until FEBRUARY 15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning APRIL 1, 20 17, and ending MARCH 31, 20 18.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROMOTE, ENCOURAGE, AND FOSTER PUBLIC SENTIMENT AND RESPECT FOR THE DIGNITY OF HUMAN LIFE, FROM CONCEPTION TO NATURAL DEATH.

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

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

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

4a (Code: ) (Expenses \$ 1,137,488. including grants of \$ 826,415.) (Revenue \$ ) PREGNANCY AND BABY CARE COUNSELING AND EDUCATION INCLUDING DISTRIBUTION OF HEALTH CARE AND BABY CARE ITEMS; APPROXIMATELY 3,807 CLIENTS COUNSELED AND PROVIDED FOR.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,137,488.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
<b>Note.</b> All Form 990 filers are required to complete Schedule O		

Form 990 (2017)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a			18
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	10		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **GLORIA SCHREIBER, EXECUTIVE DIREC - 516-798-9100**  
**35 EAST WILLOW STREET, MASSAPEQUA, NY 11758**

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORRAINE GARIBOLDI DIRECTOR	20.00	X					26,086.	0.	0.	
(2) CARLEEN RUSSELL SEC/DIR	35.00	X		X			1,400.	0.	0.	
(3) PAUL HODERMARSKY CHAIRMAN	2.50	X		X			0.	0.	0.	
(4) LINDA MASIN-CATALDO, ESQ DIRECTOR	2.00	X					0.	0.	0.	
(5) DR. LISA HONKANEN VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(6) JAMES JENKINS DIRECTOR	2.00	X					0.	0.	0.	
(7) FRANK GARIBOLDI DIRECTOR	2.00	X					0.	0.	0.	
(8) LARRY DIBLASI DIRECTOR	2.00	X					0.	0.	0.	
(9) MARGA REGINA DIRECTOR	2.00	X					0.	0.	0.	
(10) GERRY JUDGE TREASURER	2.50	X		X			0.	0.	0.	
(11) JAMES MURPHY DIRECTOR	2.00	X					0.	0.	0.	
(12) GLORIA SCHREIBER EXECUTIVE DIRECTOR	35.00			X			76,000.	0.	0.	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes sub-totals for 1b, 1c, and 1d.

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

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a row with 'NONE' in column A.

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

**Part VIII** Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,522,566.				
	g	Noncash contributions included in lines 1a-1f: \$		803,872.				
	h	<b>Total.</b> Add lines 1a-1f		1,522,566.				
Program Service Revenue	2 a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,925.			2,925.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses		480.				
		Gain or (loss)		2,138.				
		Net gain or (loss)		-1,658.	-1,658.	-1,658.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	118,848.				
		Less: direct expenses	b	38,505.				
		Net income or (loss) from fundraising events			80,343.			80,343.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.			1,604,176.	-1,658.	0.	83,268.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	826,415.	826,415.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	469,439.	169,196.	235,516.	64,727.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	38,864.	13,991.	19,821.	5,052.
10 Payroll taxes	35,908.	12,927.	18,313.	4,668.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,600.		7,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	826.		619.	207.
13 Office expenses	37,406.	13,911.	17,543.	5,952.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,075.		1,075.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,253.	15,126.	12,102.	3,025.
23 Insurance	28,843.		28,843.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RENT	54,172.	27,086.	23,729.	3,357.
b PRINTING	32,675.	6,623.	11,578.	14,474.
c PROGRAM FEES--"EARN WHIL	28,619.	28,619.		
d MAINTENANCE	17,490.	8,745.	6,996.	1,749.
e All other expenses	57,257.	14,849.	21,451.	20,957.
25 Total functional expenses. Add lines 1 through 24e	1,666,842.	1,137,488.	405,186.	124,168.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	88,928.	1	254,458.
	2	Savings and temporary cash investments .....	563,739.	2	362,625.
	3	Pledges and grants receivable, net .....		3	
	4	Accounts receivable, net .....		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	9,385.	9	11,807.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	1,044,963.		
	10b	Less: accumulated depreciation .....	324,755.		
			743,637.	10c	720,208.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....	24,459.	12	37,654.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,430,148.	16	1,386,752.	
Liabilities	17	Accounts payable and accrued expenses .....	32,084.	17	38,159.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	32,084.	26	38,159.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	1,342,666.	27	1,290,177.
	28	Temporarily restricted net assets .....	55,398.	28	58,416.
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	1,398,064.	33	1,348,593.	
34	<b>Total liabilities and net assets/fund balances</b> .....	1,430,148.	34	1,386,752.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,604,176.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,666,842.
3	Revenue less expenses. Subtract line 2 from line 1	3	-62,666.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,398,064.
5	Net unrealized gains (losses) on investments	5	13,195.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,348,593.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

MOTHER AND UNBORN BABY CARE OF LI, INC

Employer identification number

11-2767098

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets 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 describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Temporarily restricted endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		238,359.		238,359.
b Buildings		713,760.	249,765.	463,995.
c Leasehold improvements				
d Equipment		68,874.	53,800.	15,074.
e Other		23,970.	21,190.	2,780.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>720,208.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,672,271.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	13,195.	
b	Donated services and use of facilities	2b	54,900.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	68,095.	
3	Subtract line 2e from line 1		3	1,604,176.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,604,176.

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

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

1	Total expenses and losses per audited financial statements		1	1,721,742.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	54,900.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	54,900.	
3	Subtract line 2e from line 1		3	1,666,842.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,666,842.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

FINANCIAL STATEMENT FOOTNOTE: AS OF MARCH 31, 2018, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE EITHER RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

MOTHER AND UNBORN BABY CARE OF LI, INC

Employer identification number

11-2767098

**Part I**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....	▶					

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		DINNER DANCE (event type)	KNIGHTS OF COLUMBUS DIN (event type)	4 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	76,791.	19,785.	22,272.	118,848.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	76,791.	19,785.	22,272.	118,848.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	28,288.	2,055.	8,162.	38,505.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				38,505.
11	Net income summary. Subtract line 10 from line 3, column (d)				80,343.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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?  Yes  No

13 Indicate the percentage of gaming activity conducted in:  
 a The organization's facility 13a \_\_\_\_\_ %  
 b An outside facility 13b \_\_\_\_\_ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  
 Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:  
 Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  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 IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**MOTHER AND UNBORN BABY CARE OF LI, INC**

Employer identification number

**11-2767098**

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)







**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEACON THOMAS LUCIE	FORMER CHAIRMAN OF	28,843.	OWNER OF IN		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DEACON THOMAS LUCIE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER CHAIRMAN OF BOARD

(C) AMOUNT OF TRANSACTION \$ 28,843.

(D) DESCRIPTION OF TRANSACTION: OWNER OF INSURANCE AGENCY (SULLIVAN, SHUGRUE AND LUCIE AGENCY INC) PROVIDING GENERAL, PROFESSIONAL AND WORKERS COMPENSATION INSURANCE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **MOTHER AND UNBORN BABY CARE OF LI, INC** Employer identification number **11-2767098**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....	X		803,872.	FAIR VALUE
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....				
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( .....				
26	Other ▶ ( .....				
27	Other ▶ ( .....				
28	Other ▶ ( .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017



SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

MOTHER AND UNBORN BABY CARE OF LI, INC

Employer identification number

11-2767098

FORM 990 PAGE 1, ITEM C

MOTHER AND UNBORN BABY CARE OF LONG ISLAND, INC. DOES BUSINESS AS:

D/B/A THE LIFE CENTER OF LONG ISLAND

D/B/A A-A-A PREGNANCY OPTIONS

FORM 990, PART VI, SECTION A, LINE 2:

LORRAINE GARIBOLDI, A DIRECTOR, IS MARRIED TO FRANK GARIBOLDI, A DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR  
AND TREASURER PRESENT THE FORM TO THE BOARD FOR APPROVAL PRIOR TO FILING BY  
THE DUE DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST STATEMENT MUST BE COMPLETED AND SUBMITTED ANNUALLY BY  
ALL EMPLOYEES AND BOARD MEMBERS. BOTH EMPLOYEES AND BOARD MEMBERS ARE  
REQUIRED TO PROVIDE NOTIFICATION IF THERE IS ANY CHANGE DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

A PROCESS IS IN PLACE FOR DETERMINING COMPENSATION FOR THE EXECUTIVE  
DIRECTOR AND KEY OFFICERS WHICH INCLUDES COMPARABILITY AND CONTEMPORANEOUS  
SUBSTANTIATION OF THE DELIBERATION AND DECISION. THIS PROCESS IS DETAILED  
IN BY LAWS AND DOCUMENTED IN THE BOARD MINUTES.

Name of the organization

MOTHER AND UNBORN BABY CARE OF LI, INC

Employer identification number

11-2767098

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING INSTRUMENTS, CONFLICT OF INTEREST  
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON  
REQUEST.

FORM 990, PAGE 7, PART VII

LORRAINE GARIBOLDI IS AN EMPLOYEE AND BOARD MEMBER AND THE SPOUSE OF  
FRANK GARIBOLDI WHO IS ALSO A BOARD MEMBER.

CARLEEN RUSSELL IS AN EMPLOYEE AND SECRETARY OF THE BOARD.

FORM 990, PAGE 10 LINE 24 E

BABY BOTTLE FUNDRAISING	\$12,436
POSTAGE	8,420
TELEPHONE	10,578
TRAINING	2,533
UTILITIES	15,730
WEBSITE REDESIGN	7,560
TOTAL	\$57,257

PART XII, LINE 2C

THE BOARD REVIEWS THE AUDITED FINANCIAL STATEMENTS. THIS IS SIMILAR TO  
PAST PRACTICE. THE AUDIT COMMITTEE OVERSEES THE AUDIT AND SELECTS THE  
INDEPENDENT ACCOUNTANT.

Name of the organization

MOTHER AND UNBORN BABY CARE OF LI, INC

Employer identification number

11-2767098

FORM 990, SCHEDULE G, PAGE 2, PART II

FUNDRAISING EVENT DETAIL OF OTHER EVENTS:

BABY SHOWER- GROSS RECEIPTS \$9,658

CHRISTMAS SALE-GROSS RECEIPTS 32

WALK A THON 11,582

TATIANA CAMERON CONCERT 1,000

TOTAL OTHER EVENT GROSS RECEIPTS \$22,272

WALK A THON-DIRECT EXPENSES \$8,162

TOTAL OTHER EVENT DIRECT EXPENSES 8,162



2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
21	BUILDINGS BUILDING & IMPROVEMENTS-- DEER PARK	12/01/02	SL	39.00	MM	17	170,852.				170,852.	62,916.		4,381.	67,297.
22	BUILDING- MASSAPEQUA	05/01/04	SL	39.00	MM	17	480,362.				480,362.	155,532.		12,317.	167,849.
23	BUILDING IMPROVEMENTS-DEER PARK	10/01/04	SL	39.00	MM	17	5,650.				5,650.	1,807.		145.	1,952.
24	BUILDING IMPROVEMENTS-DEER PARK	02/01/07	SL	39.00	MM	17	1,500.				1,500.	385.		38.	423.
25	BUILDING IMPROVEMENTS-DEER PARK	01/01/08	SL	39.00	MM	17	7,500.				7,500.	1,776.		192.	1,968.
26	BUILDING IMPROVEMENTS-DEER PARK	02/01/08	SL	39.00	MM	17	6,500.				6,500.	1,531.		167.	1,698.
27	BUILDING IMPROVEMENTS-DEER PARK	03/01/08	SL	39.00	MM	17	11,102.				11,102.	2,589.		285.	2,874.
32	BUILDING & IMPROVEMENTS-- DEER PARK	05/01/08	SL	39.00	MM	17	9,384.				9,384.	1,948.		241.	2,189.
33	BUILDING & IMPROVEMENTS-- DEER PARK	06/01/08	SL	39.00	MM	17	8,428.				8,428.	1,746.		216.	1,962.
34	BUILDING & IMPROVEMENTS-- DEER PARK	07/01/08	SL	39.00	MM	17	6,482.				6,482.	1,342.		166.	1,508.
42	(D)BUILDING & IMPROVEMENTS-- MASSAPEQUA	02/28/17	SL	39.00	MM	17	2,200.				2,200.	5.		56.	61.
	* 990 PAGE 10 TOTAL						709,960.				709,960.	231,577.		18,204.	249,781.
	BUILDINGS														
	FURNITURE & FIXTURES														
11	FURNITURE & FIXTURES	10/01/01	200DE	7.00	HY	17	1,055.				1,055.	1,055.		0.	1,055.
12	FURNITURE & FIXTURES	04/01/97	200DE	7.00	HY	17	511.				511.	511.		0.	511.
13	FURNITURE & FIXTURES	10/01/04	200DE	5.00	HY	17	12,703.				12,703.	12,703.		0.	12,703.
14	FURNITURE & FIXTURES	02/01/07	200DE	7.00	HY	17	1,405.				1,405.	1,405.		0.	1,405.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Convention	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
15	FURNITURE & FIXTURES	10/01/07	200DE	7.00	HY17	2,080.				2,080.	2,080.		0.	2,080.
16	FURNITURE & FIXTURES	12/01/07	200DE	7.00	HY17	1,184.				1,184.	1,184.		0.	1,184.
17	FURNITURE & FIXTURES	02/01/08	200DE	7.00	HY17	950.				950.	950.		0.	950.
35	FURNITURE & FIXTURES	07/01/11	200DE	7.00	HY17	1,100.				1,100.	951.		99.	1,050.
	* 990 PAGE 10 TOTAL													
	FURNITURE & FIXTURES					20,988.				20,988.	20,840.		99.	20,939.
	MACHINERY & EQUIPMENT													
2	COMPUTER	06/01/05	200DE	5.00	HY17	2,470.				2,470.	2,470.		0.	2,470.
3	COMPUTER	10/01/06	200DE	5.00	HY17	923.				923.	923.		0.	923.
4	COMPUTER	06/01/07	200DE	5.00	HY17	656.				656.	656.		0.	656.
5	OFFICE EQUIPMENT	07/01/00	200DE	5.00	HY17	2,107.				2,107.	2,107.		0.	2,107.
6	OFFICE EQUIPMENT	10/01/01	200DE	5.00	HY17	1,498.				1,498.	1,498.		0.	1,498.
7	OFFICE EQUIPMENT	04/01/99	200DE	5.00	HY17	722.				722.	722.		0.	722.
8	OFFICE EQUIPMENT	01/01/05	200DE	5.00	HY17	1,195.				1,195.	1,195.		0.	1,195.
9	OFFICE EQUIPMENT	06/01/06	200DE	5.00	HY17	752.				752.	752.		0.	752.
10	OFFICE EQUIPMENT	03/01/08	200DE	5.00	HY17	600.				600.	600.		0.	600.
28	OFFICE EQUIPMENT	04/01/99	200DE	5.00	HY17	1,100.				1,100.	1,100.		0.	1,100.
29	COMPUTER	04/01/08	200DE	5.00	HY17	695.				695.	696.		0.	696.
37	OFFICE EQUIPMENT	01/01/13	200DE	5.00	MC17	22,321.				22,321.	20,445.		1,876.	22,321.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	OFFICE EQUIPMENT	05/23/14	200DE	7.00		HY17	710.			355.	355.	200.		44.	244.
39	OFFICE EQUIPMENT	07/15/15	200DE	5.00		HY17	1,476.				1,476.	767.		284.	1,051.
40	OFFICE EQUIPMENT * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT TRANSPORTATION EQUIPMENT	12/15/15	200DE	5.00		HY17	2,478. 39,703.			355.	39,348.	1,807. 35,938.		134. 2,338.	1,941. 38,276.
41	AUTO * 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT	12/15/16	200DE	5.00		HY17	29,171.				29,171.	5,834.		9,335.	15,169.
18	LAND- MASSAPEQUA	02/01/01	L				126,634.				126,634.			0.	
19	LAND- DEER PARK	12/01/02	L				111,725.				111,725.			0.	
	* 990 PAGE 10 TOTAL LAND OTHER						238,359.				238,359.	0.		0.	0.
43	EQUIPMENT-COMPUTER	03/08/18	200DE	5.00		MQ19B	1,200.				1,200.			60.	60.
44	FURNITURE & FIXTURES BUILDING &	12/14/17	200DE	7.00		MQ19C	1,782.				1,782.			191.	191.
45	IMPROVEMENTS-CARGO LIFT * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10 DEPR	12/18/17	SL	39.00		MM19I	6,000. 8,982. 1,047,163.			355.	6,000. 8,982. 1,046,808.	0. 0. 294,189.		45. 296. 30,272.	45. 296. 324,461.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o p y	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,038,181.			355.	1,037,826.	294,189.			324,165.
	ACQUISITIONS						8,982.			0.	8,982.	0.			296.
	DISPOSITIONS						2,200.			0.	2,200.	5.			61.
	ENDING BALANCE						1,044,963.			355.	1,044,608.	294,184.			324,400.
	ENDING ACCUM DEPR LESS DISPOSITIONS											324,755.			
	ENDING BOOK VALUE											720,208.			

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**Mother and Unborn Baby Care of Long Island, Inc.  
(dba The Life Center of Long Island, and  
dba A-A-A Pregnancy Options)**

Financial Statements

and

Independent Auditors' Report

March 31, 2018 and 2017



*Bogardt & Company, LLP*

Certified Public Accountants  
140 Fell Court, Suite 300  
Hauppauge, NY 11788

**Mother and Unborn Baby Care of Long Island, Inc.**  
**(dba The Life Center of Long Island, and dba A-A-A Pregnancy Options)**  
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March 31, 2018 and 2017

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## INDEPENDENT AUDITORS' REPORT

To the Board of Directors of  
Mother and Unborn Baby Care of Long Island, Inc.  
(dba The Life Center of Long Island, and  
dba A-A-A Pregnancy Options)  
Massapequa, New York

We have audited the accompanying financial statements of Mother and Unborn Baby Care of Long Island, Inc. (dba The Life Center of Long Island, and dba A-A-A Pregnancy Options) (a nonprofit organization), which comprise the statements of financial position as of March 31, 2018 and 2017, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor

considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

*Opinion*

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Mother and Unborn Baby Care of Long Island, Inc. (dba The Life Center of Long Island, and dba A-A-A Pregnancy Options) as of March 31, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Bogardt & Company, LLP*

Hauppauge, New York  
December 19, 2018



**Mother and Unborn Baby Care of Long Island, Inc.**  
**(dba The Life Center of Long Island, and dba A-A-A Pregnancy Options)**  
**Statements of Financial Position**  
**March 31, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
<b>Assets</b>		
Cash	\$ 617,083	652,667
Investments	37,654	24,459
Prepaid expenses	11,807	9,385
Property and equipment, net	<u>720,208</u>	<u>743,637</u>
<b>Total assets</b>	<u><u>1,386,752</u></u>	<u><u>1,430,148</u></u>
 <b>Liabilities and Net Assets</b>		
Liabilities:		
Accounts payable	\$ 11,730	9,652
Accrued expenses and payroll taxes payable	<u>26,429</u>	<u>22,432</u>
Total liabilities	<u>38,159</u>	<u>32,084</u>
Net assets:		
Without donor restrictions	1,290,177	1,342,666
With donor restrictions	<u>58,416</u>	<u>55,398</u>
Total net assets	<u>1,348,593</u>	<u>1,398,064</u>
<b>Total liabilities and net assets</b>	<u><u>\$ 1,386,752</u></u>	<u><u>1,430,148</u></u>

*See accompanying notes to financial statements.*

**Mother and Unborn Baby Care of Long Island, Inc.**  
**(dba The Life Center of Long Island, and dba A-A-A Pregnancy Options)**

Statements of Activities

For the Years Ended March 31, 2018 and 2017

	<u>Year Ended March 31, 2018</u>		<u>Year Ended March 31, 2017</u>		
	<u>Without Donor</u>	<u>With Donor</u>	<u>Restrictions</u>	<u>With Donor</u>	<u>Total</u>
<b>Support and Revenue</b>					
<b>Support:</b>					
Contributions	\$ 619,319	12,375	\$ 631,694	\$ 645,633	\$ 548,668
Donated materials	803,872	-	803,872	816,789	816,789
Donated services	54,900	-	54,900	62,918	62,918
Grants	20,000	67,000	87,000	110,000	140,000
Total support	<u>1,498,091</u>	<u>79,375</u>	<u>1,577,466</u>	<u>1,635,340</u>	<u>1,568,375</u>
<b>Revenue:</b>					
Special event revenues (net of direct benefit to donors of \$38,505 and \$40,274, respectively)	80,343	-	80,343	108,213	108,213
(Loss) on the disposal of equipment	(1,658)	-	(1,658)	-	-
Unrealized gain on investments	13,195	-	13,195	-	-
Interest income	2,898	27	2,925	2,856	19
Total revenue	<u>94,778</u>	<u>27</u>	<u>94,805</u>	<u>111,069</u>	<u>19</u>
Total support and revenue	<u>1,592,869</u>	<u>79,402</u>	<u>1,672,271</u>	<u>1,746,409</u>	<u>(66,946)</u>
<b>Net assets released from restriction</b>	<u>76,384</u>	<u>(76,384)</u>	<u>-</u>	<u>137,224</u>	<u>(137,224)</u>
<b>Expenses</b>					
Program services	1,192,388	-	1,192,388	1,209,105	1,209,105
Support services	529,354	-	529,354	563,794	563,794
Total expenses	<u>1,721,742</u>	<u>-</u>	<u>1,721,742</u>	<u>1,772,899</u>	<u>-</u>
<b>Change in net assets</b>	<u>(52,489)</u>	<u>3,018</u>	<u>(49,471)</u>	<u>110,734</u>	<u>(204,170)</u>
<b>Net assets, beginning of year</b>	<u>1,342,666</u>	<u>55,398</u>	<u>1,398,064</u>	<u>1,231,932</u>	<u>259,568</u>
<b>Net assets, end of year</b>	<u>\$ 1,290,177</u>	<u>58,416</u>	<u>\$ 1,348,593</u>	<u>\$ 1,342,666</u>	<u>55,398</u>
				<u>\$ 1,398,064</u>	

See accompanying notes to financial statements.

**Mother and Unborn Baby Care of Long Island, Inc.**  
**(dba The Life Center of Long Island, and dba A-A-A Pregnancy Options)**  
 Statements of Functional Expenses  
 For the Year Ended March 31, 2018

	Program Services			Support Services		Total
	Parenting and Counseling	Education	Total Program Services	Management and General	Fundraising Services	
Salaries	\$ 144,228	\$ 24,968	\$ 169,196	\$ 235,516	\$ 64,727	\$ 469,439
Payroll taxes	11,131	1,796	12,927	18,313	4,668	35,908
Employee benefits	12,048	1,943	13,991	19,821	5,052	38,864
Total salaries, taxes and benefits	167,407	28,707	196,114	273,650	74,447	544,211
Advertising	-	-	-	619	207	826
Assistance to clients	826,415	-	826,415	-	-	826,415
Baby bottles	-	-	-	-	12,436	12,436
Education	-	54,900	54,900	-	-	54,900
Insurance	-	-	-	28,843	-	28,843
Maintenance	6,996	1,749	8,745	6,996	1,749	17,490
Office expense	11,129	2,782	13,911	17,543	5,952	37,406
Postage	421	421	842	3,368	4,210	8,420
Printing and literature	1,447	5,176	6,623	11,578	14,474	32,675
Professional fees	-	-	-	7,600	-	7,600
Program fees - " Earn While You Learn"	28,619	-	28,619	-	-	28,619
Rent	21,669	5,417	27,086	23,729	3,357	54,172
Telephone	4,231	1,058	5,289	4,231	1,058	10,578
Travel & training	-	853	853	1,075	1,680	3,608
Utilities	6,292	1,573	7,865	6,292	1,573	15,730
Website redesign	-	-	-	7,560	-	7,560
Total expenses before depreciation	1,074,626	102,636	1,177,262	393,084	121,143	1,691,489
Depreciation	12,101	3,025	15,126	12,102	3,025	30,253
Total functional expenses	\$ 1,086,727	105,661	\$ 1,192,388	\$ 405,186	124,168	\$ 1,721,742

See accompanying notes to financial statements.

**Mother and Unborn Baby Care of Long Island, Inc.**  
**(dba The Life Center of Long Island, and dba A-A-A Pregnancy Options)**  
**Statements of Functional Expenses**  
**For the Year Ended March 31, 2017**

	Program Services			Support Services			Total
	Parenting and Counseling	Education	Total Program Services	Management and General	Fundraising	Total Support Services	
Salaries	\$ 148,904	24,519	\$ 173,423	\$ 243,190	61,996	\$ 305,186	\$ 478,609
Payroll Taxes	16,490	2,660	19,150	27,128	6,915	34,043	53,193
Employee benefits	16,736	2,699	19,435	27,534	7,018	34,552	53,987
Total salaries, taxes and benefits	182,130	29,878	212,008	297,852	75,929	373,781	585,789
Advertising	-	-	-	64	21	85	85
Assistance to clients	840,366	-	840,366	-	-	-	840,366
Baby bottles	-	-	-	-	13,674	13,674	13,674
Education	600	62,918	63,518	-	-	-	63,518
Insurance	-	-	-	26,251	-	26,251	26,251
Maintenance	13,327	3,331	16,658	15,370	3,289	18,659	35,317
Marketing	-	-	-	-	11,174	11,174	11,174
Office expense	13,520	3,380	16,900	20,409	2,717	23,126	40,026
Postage	428	428	856	3,420	4,276	7,696	8,552
Printing and literature	1,571	3,787	5,358	12,568	15,710	28,278	33,636
Professional Fees	-	-	-	7,050	-	7,050	7,050
Rent	20,271	5,068	25,339	21,977	3,362	25,339	50,678
Telephone	3,490	873	4,363	3,632	731	4,363	8,726
Training	-	2,047	2,047	-	-	-	2,047
Travel	-	-	-	589	2,037	2,626	2,626
Utilities	6,131	1,532	7,663	6,354	1,310	7,664	15,327
Total expenses before depreciation	1,081,834	113,242	1,195,076	415,536	134,230	549,766	1,744,842
Depreciation	11,223	2,806	14,029	11,222	2,806	14,028	28,057
Total functional expenses	\$ 1,093,057	116,048	\$ 1,209,105	\$ 426,758	137,036	\$ 563,794	\$ 1,772,899

See accompanying notes to financial statements.

**Mother and Unborn Baby Care of Long Island, Inc.**  
**(dba The Life Center of Long Island, and dba A-A-A Pregnancy Options)**  
**Statements of Cash Flows**  
**For the Years Ended March 31, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
Cash flows from operations:		
Change in net assets without donor restrictions	\$ (52,489)	110,734
Change in assets with donor restrictions	<u>3,018</u>	<u>(204,170)</u>
Change in net assets	<u>(49,471)</u>	<u>(93,436)</u>
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	30,253	28,057
Disposal of equipment	2,159	-
(Increase) decrease in assets:		
Investments	(13,195)	-
Prepaid expenses	(2,422)	616
Increase (decrease) in liabilities:		
Accounts payable	2,078	(9,981)
Accrued expenses and payroll taxes payable	<u>3,997</u>	<u>(2,738)</u>
Total adjustments	<u>22,870</u>	<u>15,954</u>
Net cash (used in) operating activities	<u>(26,601)</u>	<u>(77,482)</u>
Cash (used in) investing activities:		
Purchase of property and equipment	(8,983)	(31,371)
Deposit refunded for new facility	<u>-</u>	<u>20,000</u>
Net cash (used in) investing activities	<u>(8,983)</u>	<u>(11,371)</u>
Net (decrease) in cash	(35,584)	(88,853)
Cash, beginning of year	<u>652,667</u>	<u>741,520</u>
Cash, end of year	<u><u>\$ 617,083</u></u>	<u><u>652,667</u></u>

*See accompanying notes to financial statements.*

**Mother and Unborn Baby Care of Long Island, Inc.**  
**(dba The Life Center of Long Island, and dba A-A-A Pregnancy Options)**  
Notes to Financial Statements  
March 31, 2018 and 2017

**1. Nature of organization**

Mother and Unborn Baby Care of Long Island, Inc., which has certificates of assumed names for The Life Center of Long Island, and for A-A-A Pregnancy Options (The Life Center) was formed to promote, encourage and foster public sentiment and respect for the dignity of human life, from conception to death. The Life Center desires to provide a well-balanced, effective program to assist pregnant and parenting families in moving toward personal, as well as, family self-sufficiency. The Life Center was incorporated in 1985 in the State of New York and is an exempt organization as described in Section 501(c) (3) of the Internal Revenue Code. It operates from four locations (centers) in Nassau and Suffolk counties.

**2. Summary of significant accounting policies**

a. Basis of accounting - The Life Center maintains its accounts on the accrual basis of accounting.

b. Basis of presentation - Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (ASC) 958, *Financial Statements of Not-for-Profit Organizations* (ASC 958) and Accounting Standards Update (ASU) 2016-14, "*Presentation of Financial Statements of Not-for-Profit Entities*". In accordance with ASU 2016-14, The Life Center's net assets are classified, as applicable into the following two classes:

*Net assets without donor restrictions* - The portion of net assets not subject to donor - imposed restrictions result from support and revenues derived from contributions and contributed services and materials without donor restrictions.

*Net assets with donor restrictions* - The portion of net assets subject to donor - imposed restrictions result from support and revenues whose use by the organization is limited by donor or grantor - imposed stipulations that can be fulfilled by actions of The Life Center pursuant to those stipulations. When donor restrictions expire, that is, when a restriction is fulfilled or a time restriction ends, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. When support or revenue *with donor restrictions* is received and the restriction is fulfilled in the same period, then it is recorded as *without donor restrictions* in the statements of activities.

c. Cash and cash equivalents - The Life Center considers all highly liquid investments with an original maturity of three months or less when purchased to be cash and cash equivalents. Cash balances may, at times, exceed insurable amounts under the Federal Deposit Insurance Corporation (FDIC) coverage. The Life Center believes it mitigates its risks by investing through three major financial institutions, which includes \$1,248 and \$615 at March 31, 2018 and 2017, respectively, of cash maintained with an investment firm (Broker), which is not covered by FDIC.

**Mother and Unborn Baby Care of Long Island, Inc.**  
**(dba The Life Center of Long Island, and dba A-A-A Pregnancy Options)**  
Notes to Financial Statements  
March 31, 2018 and 2017

**2. Summary of significant accounting policies (continued)**

d. Investment valuation and investment income recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Interest and dividend income are recorded when received. Realized and unrealized gains and losses are included in the determination of the change in net assets as reported in the statements of activities. See note 3 for discussion of fair value measurements.

e. Property and equipment - Purchased property and equipment is stated at cost. Costs in excess of \$500 are capitalized. The value of donated property and equipment is recorded at fair value as of the date of the donation. Depreciation is provided on the straight-line method over the estimated useful life of the asset ranging from five to seven years for equipment, furniture and fixtures; and thirty nine years for buildings. As a tax exempt organization (see note 9), the Life Center does not pay local real estate taxes on the buildings.

f. Support and revenue - The Life Center accounts for support and revenue in accordance with the recommendations of ASU 2016-14, and accordingly, support and revenue received are recorded as *without donor restrictions* or *with donor restrictions*, depending on the existence or nature of any donor - imposed restrictions. Pledged contributions are recognized when collected.

g. Donated materials and services - Donations of materials used for program service operations are recorded in the financial statements at their fair value and included in support and program service expenses when provided to clients. In addition, The Life Center receives various donated services related to its programs that have been included in support and program service expenses, at fair value. Pursuant to ASC No. 958, donated services are recognized as contributions if the services either create or enhance a nonfinancial asset or require specialized skills (see note 7).

h. Functional expense allocation - Costs incurred in providing the various program and support services are summarized on a functional basis in the statements of activities. Accordingly, these costs have been allocated among the services benefited.

i. Use of estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles includes the use of estimates that affect the financial statements. Accordingly, actual results could differ from those estimates.

j. Other recently issued pronouncement updates include: 1) FASB ASU 2014-09 "*Revenue from Contracts with Customers*", regarding implications on grants and contracts of not-for-profit organizations, effective for annual reporting periods beginning after December 15, 2018; 2) FASB ASU 2016-02 "*Leases*", regarding reporting and accounting for leases, effective for fiscal years beginning after December 15, 2019; and 3) FASB ASU 2016-15 "*Statement of Cash*

**Mother and Unborn Baby Care of Long Island, Inc.**  
**(dba The Life Center of Long Island, and dba A-A-A Pregnancy Options)**  
Notes to Financial Statements  
March 31, 2018 and 2017

**2. Summary of significant accounting policies (continued)**

*Flows: Classification of Certain Cash Receipts and Cash Payments*”, regarding the cash flow statement, effective for fiscal years beginning after December 15, 2018. Management has not evaluated the impact of these new pronouncements on the financial statements.

k. Advertising expense

All costs relating to advertising are expensed in the period incurred.

l. Reclassifications

Certain reclassifications have been made to the financial statements for the prior year to conform to the current year presentation.

**3. Fair value measurements**

The Life Center reports the fair value of investments in accordance with ASC 820, *Fair Value Measurements* that establishes a framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are as follows:

- Level 1 - Quoted prices (unadjusted) in active markets for identical investments that The Life Center has the ability to access at the measurement date.
- Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the investment, either directly or indirectly.
- Level 3 - Unobservable inputs for the investment.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2018 and 2017.

*Equities:* Common stock of a publicly held corporation valued at the closing price reported on the active market on which the security is traded.



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**3. Fair value measurements (continued)**

The following table sets forth by level, presents the Life Center's investments at fair value on a recurring basis, at March 31, 2018 and 2017:

	<u>Investments at fair value as of March 31, 2018</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equities	<u>\$ 37,654</u>	_____ -	_____ -	<u>\$ 37,654</u>
	<u>Investments at fair value as of March 31, 2017</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equities	<u>\$ 24,459</u>	_____ -	_____ -	<u>\$ 24,459</u>

**4. Property and equipment**

Property and equipment at March 31, 2018 and 2017 are as follows:

	<u>2018</u>	<u>2017</u>
Buildings	\$ 713,761	709,961
Land	238,359	238,359
Equipment	40,902	39,702
Vehicle	29,171	29,171
Furniture and fixtures	<u>22,770</u>	<u>20,988</u>
	1,044,963	1,038,181
Less: Accumulated depreciation	<u>(324,755)</u>	<u>(294,544)</u>
Property and equipment, net	<u>\$ 720,208</u>	<u>743,637</u>

**5. Net assets with donor restrictions**

Net assets *with donor restrictions* to be used for specific programs as of March 31, 2018 and 2017, of \$58,416 and \$55,398 respectively, were available for the salary of a communications coordinator, the operation of the Riverhead center, providing for a teen abstinence program and the purchase of baby items such as cribs and car seats.

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**5. Net assets with donor restrictions (continued)**

The following expenses represent the net assets released from restriction during the years ended March 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Program services:		
Parenting and counseling	\$50,171	58,854
Education	2,060	2,776
Support services:		
Management and general	<u>24,153</u>	<u>75,594</u>
 Total	 <u>\$ 76,384</u>	 <u>137,224</u>

In 2015 a donor imposed restricted donation of \$100,000 was received for the purchase of a building for use as a center. However due to zoning issues the purchase contract was cancelled in August 2016. As a result, the \$100,000 donation was returned to the donor at their request in the year ended March 31, 2017 and reflected in the statements of activities as a reduction in contributions *with donor restrictions*.

**6. Donated services and materials**

Services for counseling and education were provided without charge by professional volunteers. These services were recorded as support revenue *without donor restrictions* at the fair value of those services and charged to the parenting and counseling programs. The amounts for the year ended March 31, 2018 were 1,830 hours at an average rate of \$30 per hour, for a total of \$54,900. The amounts for the year ended March 31, 2017 were 2,097 hours at an average rate of \$30 per hour, for a total of \$62,918. For the years ended March 31, 2018 and 2017, additional volunteer hours of 9,155 and 10,461, respectively, were not recognized as revenues since they did not meet the criteria required by ASC 958, which essentially requires that the donated services are for specialized skills generally not possessed by the general public.

Donated materials include baby furniture, clothing and other items related to the care of infants. These materials are recorded at estimated fair value when distributed to clients as support and program service expense.

**7. Concentration of donations**

The Life Center receives contributions primarily from donors in the Long Island, New York region.

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**8. Income taxes**

The Life Center has been incorporated as a not-for-profit corporation under the laws of New York State. The Internal Revenue Service has granted approval for tax-exempt status under Section 501(c) (3) and The Life Center is not a private foundation as described in Section 509(a) of the Internal Revenue Code (the Code), accordingly, no provision for Federal or state income taxes has been provided for in the accompanying financial statements. Accounting principles generally accepted in the United States of America require The Life Center to evaluate tax positions taken and determine if it has taken uncertain positions that more likely than not would not be sustained upon examination by the IRS. As of March 31, 2018, The Life Center does not believe it has any uncertain tax positions that would require either recognition or disclosure in the accompanying financial statements. The Life Center believes it is no longer subject to income taxes for years prior to March 31, 2014.

**9. Leases**

The Life Center leases equipment and space in two office building under operating leases located on Long Island in Hempstead and Riverhead. Total minimum rental expenditures on such leases for the years ended March 31, 2018 and 2017 were \$49,095 and \$45,758, respectively, and are included in the statements of functional expenses. All lease agreements for equipment are structured with monthly lease payments and include an option to buy at the end of the lease period, for fair market value.

The Hempstead lease commenced on April 1, 2015 for a term of five years at an annual rent of \$30,000 with a 3% increase in years four and five. The Riverhead lease commenced on June 20, 2016 for a term of three years at an annual rent of \$19,095.

The following is a schedule, by years, of estimated future rentals on non-cancelable operating leases (exclusive of real estate taxes and utilities) at March 31, 2018:

<u>For the year ending:</u>	
2019	\$ 49,995
2020	36,601
2021	-
2022	-
2023	-
Total	<u>\$ 86,596</u>

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**10. Liquidity and availability of financial assets**

The Life Center's working capital and cash flows during the year are attributable to annual cash receipts from contributions, grants, and special events revenues. To manage liquidity the Life Center maintains financial assets available to be used for several months of operating expenses and expects cash flows from revenue consistent with prior years.

The following reflects the Life Center's financial assets as of March 31, 2018 of \$654,737, reduced by amounts not available for general use within one year of the statement of financial position because of donor-imposed restrictions.

	<u>2018</u>
Cash	\$617,083
Investments	<u>37,654</u>
Total financial assets	654,737
Donor - imposed restrictions	
Communications Coordinator	(12,135)
Teen Abstinence Program	(11,807)
Post Abortion Program	<u>( 4,643)</u>
Total Donor - imposed restrictions	<u>( 28,585)</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$626,152</u>

**11. Subsequent events**

Management of The Life Center has evaluated the impact of all subsequent events on The Life Center as December 19, 2018 the date the financial statements are available to be issued. Management has determined that there are no material subsequent events that would require disclosure or adjustment to the financial statements.