CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Inspection

1.General Informat	ion				
For Fiscal Year Beginning	g (mm/dd/yyy	y) 04/01/	2018 and Ending (r	mm/dd/yyyy) 03/31/2	2019
Check if Applicable: Address Change	Name of Org MOTHER		ORN BABY CARE	OF LI, INC	Employer Identification Number (EIN): **_****
Name Change	Mailing Add 35 E.	ress: WILLOW S'	TREET		NY Registration Number: $03-86-25$
Final Filing	City / State / MASSA	ZIP: PEQUA, NY	11758		Telephone: 516 798-9100
Reg ID Pending	Website:	FECENTER	LI.ORG		Email:
Check your organization's registration category:	s 7A oi	nly 🗌 EPTL o	only X DUAL (7A &		Confirm your Registration Category in the harities Registry at www.CharitiesNYS.com.
2. Certification					
See instructions for certif two signatories.	ication requir	ements. Improper	certification is a violation	of law that may be subject	to penalties. The certification requires
				all attachments, and to the of the State of New York a	best of our knowledge and belief, policable to this report.
President or Authorized	Officer:			GLORIA SCHI EXECUTIVE I	
Chief Financial Officer o	r Treasurer:	Signature Print Name a GERRY JUDGE TREASURER			
		Signature		and Title Date	
3. Annual Reporting	g Exempti	on			
categories (DUAL filers) th	hat apply to y re required. If	your registration, c	complete only parts 1, 2, a	nd 3, and submit the certifi	gory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or e exemption, you must file applicable
exceed \$2		e organization dic			overnment agencies, etc. did not raising counsel (FRC) to solicit
	filing exempti fiscal year.	on: Gross receipts	s did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time
4. Schedules and A	ttachmen	ts			
See the following page for a checklist of schedules and attachments to complete your filing.		for fund ra	aising activity in NY State?	ressional fund raiser, fund r ? If yes, complete Schedule rernment grants? If yes, co	
5. Fee					
See the checklist on the next page to calculate yo fee(s). Indicate fee(s) you		g fee:	EPTL filing fee:	Total fee:	Make a single check or money order payable to:
are submitting here: CHAR500 Annual Filing fo	\$	25.	\$ <u>250.</u>	\$ <u>275.</u>	"Department of Law"
5		- gainzations (opt			

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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2018.05030 MOTHER AND UNBORN BABY CARE MOTHERU1

MOTHER AND UNBORN BABY CARE OF LI, INC

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

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:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

X 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.

X Audit Report if you received total revenue and support greater than \$750,000

l 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
- X \$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
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 s750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
50,000, 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 Call: (212) 416-8401 Email: 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 <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. 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 <u>www.CharitiesNYS.com.</u>

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)).

⁸⁶⁸⁴⁶¹ ⁰¹⁻¹⁵⁻¹⁹ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

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	•	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	mУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (s) 2018
Den			Do not enter social security numbers on this form as it may		Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
Α	For th	e 2018 calend	ar year, or tax year beginning APR 1, 2018 and ending	MAR 31, 2019	
Β	Check if	C Name of	organization	D Employer identifica	ation number
ć	applicab				
	Addre		ER AND UNBORN BABY CARE OF LI, INC		
	Name chang	ge Doing bu	usiness as THE LIFE CENTER OF LONG ISLAND	, **_**	****
	Initial returr	n Number	and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final returr termi		. WILLOW STREET		98-9100
	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,611,192.
	returr Appli		APEQUA, NY 11758	H(a) Is this a group ret	
	tion pend	^{ing} א F Name ar	nd address of principal officer: GLORIA SCHREIBER ST WILLOW STREET, MASSAPEQUA, NY 117	for subordinates?	
	T	empt status:		58 H(b) Are all subordinates inc 527 If "No." attach a li	
			▲ 501(c)(3) 501(c)() < (insert no.) 4947(a)(1) or LIFECENTERLI • ORG	H(c) Group exemption	st. (see instructions)
		f organization:		ear of formation: 1986 M	-
	art I				
	1		e the organization's mission or most significant activities: CRISIS P	REGNANCY COUNS	ELING
nce	·	Drieny decemb			
Governance	2	Check this bo	If the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets.
ove	3		ing members of the governing body (Part VI, line 1a)		10
Ğ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		10
es 6	5		of individuals employed in calendar year 2018 (Part V, line 2a)		23
viti	6	Total number	of volunteers (estimate if necessary)		145
Activities &	7 a	7 a Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 38		0.
				Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)	1,522,566.	1,462,663.
Revenue	9	•	ce revenue (Part VIII, line 2g)	0.	0.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)	1,267. 80,343.	6,405.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,604,176.	107,854. 1,576,922.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	826,415.	832,810.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	020,413.	0.010
	14	-	co or for members (Part IX, column (A), line 4)	544,211.	587,331.
see	162			0.	0.
Expenses	h	Total fundraisi	Indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ►139 , 975 .		
ы	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	296,216.	265,220.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,666,842.	1,685,361.
	19		expenses. Subtract line 18 from line 12	-62,666.	-108,439.
or	8		·	Beginning of Current Year	End of Year
Fund Balances	20	Total assets (F	Part X, line 16)	1,386,752.	1,298,882.
tAs	21	Total liabilities	(Part X, line 26)	38,159.	40,369.
Fun	22		fund balances. Subtract line 21 from line 20	1,348,593.	1,258,513.
Pá	art II				
			declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.	
		Cianatura	of officer	Data	
Sig		· ·		Date	
He	re	IN GLOR	IA SCHREIBER, EXECUTIVE DIRECTOR		

	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	ROBERT J. BOGARDT	ROBERT J. BOGARDT 01/2	7/20 self-employed P00171624
Preparer	Firm's name 🕨 BOGARDT & COMPAN	· ·	Firm's EIN 🕨 **-******
Use Only	Firm's address ▶ 140 FELL CT., ST	'E 300	
	HAUPPAUGE, NY 11	788	Phone no.631-348-0100
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	TO PROMOTE, ENCOURAGE, AND FOSTER PUBLIC SENTIMENT AND RESPECT FOR TH DIGNITY OF HUMAN LIFE, FROM CONCEPTION TO NATURAL DEATH.
	DIGNITI 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?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,116,410 •including grants of \$ 832,810 •) (Revenue \$
	PREGNANCY AND BABY CARE COUNSELING AND EDUCATION INCLUDING DISTRIBUTI
	OF HEALTH CARE AND BABY CARE ITEMS; APPROXIMATELY 3,369 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 \$)
	Total program service expenses 1,116,410.
4e	Form 990

—	000	(0040)	
⊢orm	990	(2018))

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			_ _
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	<u></u>	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	115		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	101-		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	. т а		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Δ	<u> </u>
19		19		x
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	21		X

832003 12-31-18

Form **990** (2018)

10090127 793255 MOTHERUNBORN 2018.05030 MOTHER AND UNBORN BABY CARE MOTHERU1

	Form 990 (2		-	-	UNBORN
ĺ	Part IV	Checklist	of Required Sc	hedule	S (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
U		24c		
لم	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			v
	Schedule L, Part I	25b		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	26		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	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	32		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	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
04	Part V, line 1	34		x
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
		000		
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	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		200		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
De	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
83200	4 12-31-18	Form	990	(2018)
	4			

Form 990 (2018)	MOTHER	AND	UNBORN	BABY	CARE	OF	LI,	INC
Part V Statements I	Regarding C	Other I	RS Filings	and Tax	Compl	iance	e (contin	ued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 23 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e file</i> (see instructions) 3a 2 3b Did the organization have employees records of the the syar? 3a 2 3c At any time during the calendary are, did the organization have an interest in, or a signature or other authorty over, a financial account i, a toreign country. 4a 3b 3c Views, heast file of a foreign DBank and Financial Accounts (FEAR). 5a 2 2b 3c Views, heast file organization file from 8886 T7 5a 2 2b 2b </th <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>					Yes	No
Iter or the calendar year ending with or whinin the year covered by this return Image: Cale Cale Cale Cale Cale Cale Cale Cale	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
In the task one is reported on line 2a, did the organization file al regulard to efficie instructions 20 X Note, If the sum of lines 1 and 2 is greater than 250, yourng by ency line (see files instructions) 3a 3a 3b 3c 3a 3a 3b 3b 3b 3b 3c 3a 3			23			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Z b ft "Yes; "has it field a Form 990 Thor this year? if "No to line 3b, provide an explanation in Schedule O 3b Z b ft "Yes; "has it field a Form 990 Thor this year? if "No to line 3b, provide an explanation in Schedule O 4a Z b ft "Yes; "the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a Z b ft "Yes; "the time the name of the organization fiels form 896677. 5c Z Z b Did any taxable part potify the organization fiels form 896677. 5c Z Z c If "Yes; "the induced with every solicitation an express statement that such contributions or gits were not tax deductible? Z Z b If "Yes; "the induced with every solicitation an express statement that such contributions or gits were not tax deductible? Z Z b If "Yes; "the induce the organization neutry the organization and party sa contributions and party is provided an explore provided the pare organization explore and party sa contribution and party is provided an explore provided the pare organization explore and party sa contribution and party is provide an explore provided the pare organization explore and party and contribution and party is provide an explore provide the pare organization expl	b			2b	Х	
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a 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 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves on hand 13b 13b 13b c Enter the amount of reserves on hand 13b 14a 2x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payme	10	Section 501(c)(7) organizations. Enter:				
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b 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 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b c 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 13b c Bit "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14a 2x b If "Yes," see instructions and file Form 4720, Schedule N. 15 2x If "Yes," see instructional institution subject to the section 4968 excise tax on net investment income?	а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
a Gross income from members or shareholders 11a 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 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Is the organization licensed to issue qualified health plans in more than one state? 13a 14 Dote. See the instructions for additional information the organization must report on Schedule O. 13a 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14 Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 If "Yes," see instructions and file Form 4720, Schedule N. 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 12a 13a 14a 13a 14a 13a 13a	11	Section 501(c)(12) organizations. Enter:				
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 13c c Enter the amount of reserves on hand 13c 14a 22 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14a 24 b If "Yes," see instructions and file Form 4720, Schedule N. 15 15 24 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 24						
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 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 13c c Enter the amount of reserves on hand 13c 14a 2X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			_			
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a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the section of			_			
Note. See the instructions for additional information the organization must report on Schedule O. Image: Constraint of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			ŀ	12-		
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 13b c Enter the amount of reserves on hand 13c 14a 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a 14a b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 2	а			13a		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 24 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 25 If "Yes," see instructions and file Form 4720, Schedule N. 15 16 25	h					
c Enter the amount of reserves on hand 13c 14a 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a <	U					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 2 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 2 If "Yes," see instructions and file Form 4720, Schedule N. 16 2	r		-			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X			-	14a		X
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 2 16 2						_ <u>-</u>
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X 16 X			·····			
If "Yes," see instructions and file Form 4720, Schedule N. 16 28				15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			F	-		
	16	Is the eventiant on advectional institution subject to the section 4000 subjects on not investment income?	[16		х
		If "Yes," complete Form 4720, Schedule O.				

Form **990** (2018)

832005 12-31-18

Form 990	(2018)
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MOTHER AND UNBORN BABY CARE OF LI, INC

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X

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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 0.					
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 relationshi	ip with	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	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 boc			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		C C			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	iflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	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 arrange	ment	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$					
					availa	ahle
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990)-T (Section 501(c)(3	s only	uvunc	
		nd 990)-T (Section 501(c)(3)s only)	avanc	
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and)s only)	avanc	
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	n in Sc	hedule O)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explained)	n in Sc	hedule O)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization is set of the public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization is set of the public during the tax year. Image: Section 6104 requires and telephone number of the person who possesses the organization's box	n <i>in Sc</i> onflict (<i>hedule O)</i> of interest policy, an			
18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization made these available. Check all that apply. Image: Section 6104 requires an organization made these available. Check all that apply. Image: Section 6104 requires an organization made the section for the section	n <i>in Sc</i> onflict (<i>hedule O)</i> of interest policy, an			
18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization is set of the public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization is set of the public during the tax year. Image: Section 6104 requires and telephone number of the person who possesses the organization's box	n <i>in Sc</i> onflict (<i>hedule O)</i> of interest policy, an			
18 19 20	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explained Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's borget GLORIA SCHREIBER, EXECUTIVE DIREC - 516-798-9100	n <i>in Sc</i> onflict (<i>hedule O)</i> of interest policy, an	d finan		

MOTHER AND UNBORN BABY CARE OF LI, INC

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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.

(A) Name and Title	(B) Average			(C Posi	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offic	not c , unle cer an	ss pe	rson i	is bot	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LORRAINE GARIBOLDI DIRECTOR	20.00	x						26,694.	0.	0.
(2) CARLEEN RUSSELL	2.00									
DIRECTOR		x						0.	0.	0.
(3) PAUL HODERMARSKY	2.50									
CHAIRMAN		X		Х				0.	0.	0.
(4) LINDA MASIN-CATALDO, ESQ	2.00									_
DIRECTOR		х						0.	0.	0.
(5) DR. LISA HONKANEN	2.00									0
VICE PRESIDENT		X		X				0.	0.	0.
(6) JAMES JENKINS	2.00	x						0.	0.	0.
DIRECTOR (7) FRANK GARIBOLDI	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(8) LARRY DIBLASI	2.00									
DIRECTOR		x						0.	0.	0.
(9) MARGA REGINA	2.00									
SEC/DIR		x		x				0.	0.	0.
(10) GERRY JUDGE	2.50									
TREASURER		X		Х				0.	0.	0.
(11) JAMES MURPHY	2.00									
DIRECTOR		Х						0.	0.	0.
(12) GLORIA SCHREIBER	35.00									
EXECUTIVE DIRECTOR				х				76,632.	0.	0.
										- 000
832007 12-31-18										Form 990 (2018)

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Form 990 (2018)

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Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated	Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	ition more rson i	than o than o is both pr/trust	n an	(D) Reporta compens from	ation	(E) Reportable compensatio from related	n	am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organiza (W-2/1099-		organization: (W-2/1099-MIS		fro orga and	pensa om the anizati d relate nizatio	e ion ed
									102	200		0			
	Sub-total Total from continuation sheets to Part VI								103	,326. 0.		0.			0.
	Total (add lines 1b and 1c)								103	,326.		0.			0.
2	Total number of individuals (including but n compensation from the organization							no re	eceived more	than \$100),000 of reportabl	le			0
	· · · · ·											r		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s												3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	le co	ompe	ensa	ation	n and	l otl	her compensa	tion from			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsati	ion f	rom	any	unre	elat	ed organizatio	n or indivi			5		x
Sec	tion B. Independent Contractors			0. 00	<u></u>										
1	Complete this table for your five highest control the organization. Report compensation for the second seco	-	-									pens	ation f	rom	
	(A) Name and business			ONE						(B) iption of s		С	(C omper		n
2	Total number of independent contractors (i		ot lir	nite	d to		se lis)	sted	l above) who r	eceived m	nore than				
	\$100,000 of compensation from the organiz												Form	9 90 ()	2018)

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<u>Fo</u> rm	<u>1 99</u> 0 (BORN BAB	Y CARE OF	LI, INC	**_***	**** Page 9
	rt VII	/						
		Check if Schedule O cont	tains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, C	с	Fundraising events	1c					
Gift lar	d	Related organizations	1d					
imi	е	Government grants (contribut	tions) 1e					
ition er S	f	All other contributions, gifts, gran						
the		similar amounts not included abo	ove If 1,	462,663.				
utro D p c	-	Noncash contributions included in lines		806,763.				
a C	h	Total. Add lines 1a-1f			1,462,663.			
	_			Business Code				
vice	2 a							
Servine	b							
m S	C							
Program Service Revenue	d							
Pro	e f	All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			6,405.			6,405.
	4	Income from investment of ta						
	5	Royalties		F				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss) .		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss) Net gain or (loss)						
		Gross income from fundraisin						
Other Revenue	υu	including \$	-					
eve		contributions reported on line						
r B		Part IV, line 18		142,124.				
Othe	b	Less: direct expenses	b	34,270.				
0		Net income or (loss) from fund			107,854.			107,854.
	9 a	Gross income from gaming ad						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan		····· ►				
	10 a	Gross sales of inventory, less						
	Ŀ.	and allowances Less: cost of goods sold						
		Net income or (loss) from sale						
	U	Miscellaneous Revenu		Business Code				
	11 a							
	b							1
	с							
	d	All other revenue						
		Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions		►	1,576,922.	0.	0 .	
	0 10 21	10						Form 990 (2018

	Check if Schedule O contains a respons	e or note to any line in		/=	X
	not include amounts reported on lines 6b, 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	832,810.	832,810.		
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,	76,632.	11 405	15 070	10 150
•	trustees, and key employees	/0,032.	11,495.	45,979.	19,158
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	431,323.	159,321.	211,959.	60,043
7 8	Other salaries and wages Pension plan accruals and contributions (include			• • • • •	00,0430
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	40,800.	13,807.	20,808.	6,185
10	Payroll taxes	38,576.	12,730.	19,674.	6,172
11	Fees for services (non-employees):		,		• / = / = /
	Management				
	Legal				
	Accounting	12,000.		12,000.	
	Lobbying				
е	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 0.)				
12	Advertising and promotion	5,167.		5,167.	
13	Office expenses	37,659.	15,516.	18,765.	3,378,
14	Information technology				
15	Royalties				
16	Occupancy	4 9 4 5			1 014
17	Travel	4,947.		3,733.	1,214.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	25,776.	12,888.	10,310.	2,578
22	Depreciation, depletion, and amortization	28,953.	12,000.	28,953.	2,570
23	Insurance	20,555.		20,555.	
24	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 0.)				
а	RENT	55,326.	27,663.	22,130.	5,533
b	PRINTING	31,438.	5,858.	11,369.	14,211
c	UTILITIES	14,718.	7,359.	5,887.	1,472
d	BABY BOTTLE FUNDRAISING	13,480.			13,480
е	All other expenses	35,756.	16,963.	12,242.	6,551.
25	Total functional expenses. Add lines 1 through 24e	1,685,361.	1,116,410.	428,976.	139,975
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)				

MOTHER AND UNBORN BABY CARE OF LI, INC

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Form 990 (2018)

Part IX Statement of Functional Expenses

Form **990** (2018)

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Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	v line in this Part X			
			. <u></u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			254,458.	1	194,021.
	2	Savings and temporary cash investments			362,625.	2	43,977.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			11,807.	9	6,438.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,047,281.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	350,531.	720,208.	10c	696,750.
	11	Investments - publicly traded securities			37,654.	11	347,834.
	12	Investments - other securities. See Part IV, line -				12	9,862.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			1,386,752.	16	1,298,882.
	17	Accounts payable and accrued expenses	38,159.	17	40,369.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		21			
es	22	Loans and other payables to current and former	officer	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X of			
		Schedule D				25	10.000
	26	Total liabilities. Add lines 17 through 25			38,159.	26	40,369.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔽 and			
sec		complete lines 27 through 29, and lines 33 an			1 000 100		1 174 400
ano	27	Unrestricted net assets			1,290,177.	27	1,174,496. 84,017.
Fund Balances	28	Temporarily restricted net assets			58,416.	28	84,01/.
pu	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958	3), check here ▶ 📖			
Net Assets or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net	32	Retained earnings, endowment, accumulated in			1,348,593.	32	1,258,513.
_	33	Total net assets or fund balances			1,386,752.	33	1,298,882.
	34	Total liabilities and net assets/fund balances	<u></u>		I,JUU,/JZ.	34	
							Form 990 (2018)

MOTHER AND UNBORN BABY CARE OF LI, INC

Form 990 (2018)

Form	990 (2018) MOTHER AND UNBORN BABY CARE OF LI, INC	**_**	* * * *	Pa	ge 12
Pa	rt 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	1,57		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,68		
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,34		
5	Net unrealized gains (losses) on investments	5	1	8,3	59.
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	1,25	8,5	13.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2018)

SCHEDULE A

1	(Form	990	or	990-	F7
J		330	UI.	330-	

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation		Open to Public Inspection	
Nan	ne of t	the organizati		Go to www.ii3.go					Employer	identification numb	er
		J J		ER AND UNB	ORN BABY CAR	E OF	LI. I	NC		*_*****	
Pa	rt I	Reason			All organizations must co				S.		
The	organ	ization is not a	a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1	Ľ		-		on of churches described	•		I)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3					anization described in se			ii).			
4					njunction with a hospital)(iii). Enter	the hospital's name,	
		city, and stat	e:								
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	ate, or local go	vernment or governr	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	Χ	An organizat	ion that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from	the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or	
		university:									
10		An organizat	ion that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	ind gross receipts fro	m
					ct to certain exceptions,						
					(less section 511 tax) fro	om busine	sses acqu	iired by the o	rganization	after June 30, 1975.	
				mplete Part III.)							
11	\square	-	-	-	ively to test for public sa	-					
12					ively for the benefit of, to						
					ed in section 509(a)(1) o					Sheck the box in	
_		7			of supporting organizatio					, all dia a	
а					upervised, or controlled						
			-		gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting	
b				complete Part IV, Se		tion with it	o oupport	od organizati	on(o) by be	wing	
D					l or controlled in connec anization vested in the s						
			-	t complete Part IV,		ame perso			age the sup	ported	
с					g organization operated	in connec	tion with	and functions	Illy integrat	ed with	
Ŭ					b). You must complete I				iny intograti	ou with,	
d			-		orting organization oper				rted organi	ization(s)	
					zation generally must sat						
			-	• •	nplete Part IV, Sections	•		-			
е		7			written determination fro				e II, Type III		
		functionally	/ integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
f	Ente										
g				about the supporte						-	
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other	
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructior	ıs)
Tet											
Tota	11										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990 EZ) 2018 MOTHER AND UNBORN BABY CARE OF LI, INC **_***** Page **2** Part II

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

See	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,545,912.	1,598,842.	1,505,457.	1,522,566.	1,462,663.	7,635,440.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,545,912.	1,598,842.	1,505,457.	1,522,566.	1,462,663.	7,635,440.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						33,771.
6	Public support. Subtract line 5 from line 4.						7,601,669.
	ction B. Total Support						, , -
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1,545,912.	1,598,842.	1,505,457.	1,522,566.	1,462,663.	7,635,440.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,345.	2,768.	2,875.	2,925.	6,405.	17,318.
9	Net income from unrelated business				_,	.,	
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7,652,758.
	Gross receipts from related activities,	etc (see instruction	l l			12	442,554.
	First five years. If the Form 990 is for	,	,				
10	organization, check this box and stop	-				1001(0)(0)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (I			olumn (f))		14	99.33 %
	Public support percentage from 2017					15	97.64 %
	33 1/3% support test - 2018. If the c						, -
	stop here. The organization qualifies	-					► X
h	33 1/3% support test - 2017. If the c		•				
~	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
Ь	10% -facts-and-circumstances test						
N.	more, and if the organization meets th						
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organizatio						
10	The organization in the organizatio			, 100, 17a, 01 170		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 MOTHER AND UNBORN BABY CARE OF LI, INC **-***** Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513					-	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the emount on line 12 for the upor						
	amount on line 13 for the year						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)		+				
	Total support. (Add lines 9, 10c, 11, and 12.)	· · · · ·			<u> </u>		
14	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth f	tax year as a section	on 501(c)(3) organi	zation,
604							
	ction C. Computation of Publ		-				
	Public support percentage for 2018 (15	%
	Public support percentage from 2017					16	%
	•					47	
	Investment income percentage for 20		B			17	%
	Investment income percentage from					18	1 7 is used
198	33 1/3% support tests - 2018. If the	-					
L	more than 33 1/3%, check this box a						
a	33 1/3% support tests - 2017. If the	•					
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n ala not check a	box on line 14, 19	a, or 19b, check t			
83202	23 10-11-18			15	Sch	ieaule A (Form 99	0 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 MOTHER AND UNBORN BABY CARE OF LI, INC **-****** Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990 or 990-EZ) 2018 MOTHER AND UNBORN BABY CARE OF LI, INC **-***** Page 5

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	L The organization satisfied the Activities Test. Complete line 2 below.			
b	L The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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	(Form 990 or 990-EZ) 2									**_*****	Page 6
Part V	Type III Non-Fun	octionally	Integ	rated	509(a)(3) S	upporti	ng Orga	niza	tions		

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 MOTHER AND UNBORN BABY CARE OF LI, INC **-***** Page 7

Pai	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Sect	on D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

;, 5a, 6, 9a, 9b, 9c, 1 t IV, Section E, lines	11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and 3	9 10; Part II, line 17a or 1 rt IV, Section B, lines 1 a b; Part V, line 1; Part V, nis part for any additiona	and 2; Part IV, Section C Section B, line 1e; Part \
t IV, Section E, lines	s 1c, 2a, 2b, 3a, and 3	b; Part V, line 1; Part V,	Section B, line 1e; Part \
ction E, lines 2, 5, a	nd 6. Also complete th	nis part for any addition	al information.
	20	Schedule	A (Form 990 or 990-EZ

Schedule A

823171 04-01-18

Identification of Excess Contributions Included on Part II, Line 5

2018

_***

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
R. & MRS. JOHN RUSSELL	186,826.	33,771
otal Excess Contributions to Schedule A, Part II, Line 5		33,771

SCHEDULE D

(Form 990)

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



Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number **_*****

	MOTHER AND UNBORN	BABY CARE OF LI,	INC **-******
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar	Funds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 don	or advised funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
		······································	
Pa			
1	Purpose(s) of conservation easements held by the organization	-	, ,
•	Preservation of land for public use (e.g., recreation or e		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in th	a form of a conservation essement on the last
-	day of the tax year.		Held at the End of the Tax Ye
2	Total number of conservation easements		
a h			
0	Number of conservation easements on a certified historic str	uctura includad in (a)	
с А			
u	Number of conservation easements included in (c) acquired		
2	listed in the National Register Number of conservation easements modified, transferred, re		
3		leased, extinguished, or terminate	d by the organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
~	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforc	ing conservation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing c	onservation easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that de	scribes the organization's accounting for
De	conservation easements.	6 Aut Historical Transmuss	or Other Similar Acceto
Pa	t III Organizations Maintaining Collections o	•	, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		furtherance of public service, provide, in Part XI
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherand	ce of public service, provide the following amour
	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 tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these iter	ns:
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 20
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		25	

2018.05030 MOTHER AND UNBORN BABY CARE MOTHERU1 10090127 793255 MOTHERUNBORN

		AND UNBORN				-	•		* * * * *	Page Z
	t III Organizations Maintaining C									-
3	Using the organization's acquisition, access (check all that apply):	ion, and other record	ds, chec	k any of the	following that	at are a siç	gnificant use	of its o	collectior	items
а	Public exhibition	c	ı 🛄		hange progr					
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizat	ion's exen	npt purpose	in Part	XIII.	
5	During the year, did the organization solicit of		-						-	
	to be sold to raise funds rather than to be m								Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990, P	art IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod		•						-	
	on Form 990, Part X?							∟	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance								1	
	Did the organization include an amount on F						ty?	L	Yes	No
Pa	If "Yes," explain the arrangement in Part XIII.						•			
Fai	t V Endowment Funds. Complete i							book	(a) Four	vooro book
4.		(a) Current year	(D) P	rior year	(C) TWO yea	IS DACK (d) Three years	S DAUK	(e) roui	years Dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
f	and programsAdministrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the cur	rent year end balanc	l na (lina 1	a colump ()) held as:					
	Board designated or quasi-endowment	-	%	g, column (a	ajj nelu as.					
	Permanent endowment	%								
	Temporarily restricted endowment	%								
Ŭ	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation the	at are held a	nd administe	ered for th	e organizatio	on		
	by:						ie erganizaan		Г	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								L1	I
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	V, line 11a. S	See Form 990), Part X, I	line 10.			
	Description of property	(a) Cost or c basis (investr		• •	or other (other)		cumulated reciation		(d) Book	value
1a	Land	· · · ·	,		8,359.				238	3,359.
	Buildings				3,760.	2	68,067	•		5,693.
	Leasehold improvements				-		-			-
	Equipment			6	8,874.		60,198	•	8	3,676.
	Other				6,288.		22,266			i,022.
	Add lines 1a through 1e. (Column (d) must e		X, colur		-		Þ	•		5,750.
	— · · · · · ·									

Schedule D (Form 990) 2018

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Part VII Investments - Other Securities.		CARE OF LI, INC	**_****** Page
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost	
	(b) BOOK value	(C) Method of Valuation. Cost	or enu-or-year market value
) Financial derivatives			
Closely-held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" c (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13 (c) Method of valuation: Cost	
	(W) DOOR VAILLE		or one of year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d Soc Form 990 Part V line 15	
	Description		(b) Book value
(1)	1		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<u> </u>
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		🕨
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X	line 25
(a) Description of liability		(b) Book value	line 23.
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7)			
(8)			
(8) (9)			
(8)			

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Schedule D (Form 990) 2018	MOTHER A	ND UNBORN	BABY	CARE	OF LI	, INC	**_	* * * * * * *	Page 4
Part XI Reconciliat	ion of Revenue pe	er Audited Fina	ncial Sta	atement	s With F	Revenue pe	r Returr	า.	
Complete if the	organization answered	"Yes" on Form 990	, Part IV, li	ne 12a.					
1 Total revenue, gains, a	nd other support per a	udited financial stat	ements .				1	1,662	,106.
2 Amounts included on I	ine 1 but not on Form 9	90, Part VIII, line 12	2						
a Net unrealized gains (le	osses) on investments				2a	18,35			
b Donated services and	use of facilities				2b	66,82	5.		
c Recoveries of prior year					2c				
d Other (Describe in Parl	t XIII.)				2d				
e Add lines 2a through 2	2d						2e		,184.
3 Subtract line 2e from li	ine 1						3	1,576	<u>,922.</u>
4 Amounts included on I	Form 990, Part VIII, line	12, but not on line	1:						
a Investment expenses i	not included on Form 99	90, Part VIII, line 7b			4a				
b Other (Describe in Parl	t XIII.)			L	4b				-
									0.
	es 3 and 4c. (This must	equal Form 990. Pa	rt I line 12	')			5	1,576	,922.
5 Total revenue. Add line									-
Part XII Reconciliat	ion of Expenses p	er Audited Fina	ancial St	tatemen				ırn.	<u> </u>
Part XII Reconciliati	ion of Expenses p organization answered	er Audited Fina "Yes" on Form 990	, Part IV, li	tatemen ne 12a.	ts With	Expenses	per Retu		
Part XII Reconciliati Complete if the 1 Total expenses and los	ion of Expenses p organization answered sses per audited financi	er Audited Fina "Yes" on Form 990 ial statements	ancial St , Part IV, lii	tatemen ne 12a.	ts With	Expenses	per Retu	ırn. 1,752	
Part XII Reconciliati Complete if the 1 Total expenses and los 2 Amounts included on l	ion of Expenses p organization answered sses per audited financi ine 1 but not on Form 9	er Audited Fina "Yes" on Form 990 ial statements 900, Part IX, line 25:	ncial St , Part IV, li	tatemen ne 12a.	ts With	Expenses	Der Retu		
Part XII Reconciliation Complete if the 1 Total expenses and los 2 Amounts included on I a Donated services and 1	ion of Expenses p organization answered sses per audited financi ine 1 but not on Form 9 use of facilities	er Audited Fina "Yes" on Form 990 ial statements 90, Part IX, line 25:	ancial Si , Part IV, lii	tatemen ne 12a.	ts With 2a	Expenses	Der Retu		
Part XII Reconciliati Complete if the 1 Total expenses and los 2 Amounts included on l	ion of Expenses p organization answered sses per audited financi ine 1 but not on Form 9 use of facilities	er Audited Fina "Yes" on Form 990 ial statements 90, Part IX, line 25:	ancial Si , Part IV, lii	tatemen ne 12a.	ts With 2a 2b	Expenses	Der Retu		
Part XII Reconciliati Complete if the 1 Total expenses and los 2 Amounts included on I a Donated services and b Prior year adjustments c Other losses	ion of Expenses p organization answered sses per audited financi ine 1 but not on Form 9 use of facilities	er Audited Fina "Yes" on Form 990 ial statements 90, Part IX, line 25:	ancial Si	tatemen ne 12a.	2a 2b 2c	Expenses	Der Retu		
Part XII Reconciliati Complete if the 1 Total expenses and los 2 Amounts included on I a Donated services and b Prior year adjustments c Other losses d Other (Describe in Part	ion of Expenses p organization answered sses per audited financi ine 1 but not on Form 9 use of facilities	er Audited Fina "Yes" on Form 990 ial statements 90, Part IX, line 25:	ancial St	tatemen ne 12a.	2a 2b 2c 2d	Expenses 66,82	5.	1,752	,186.
Part XII Reconciliati Complete if the Total expenses and los Amounts included on I Donated services and Prior year adjustments C Other losses d Other (Describe in Part e Add lines 2a through 2	organization answered sses per audited financi ine 1 but not on Form 9 use of facilities t XIII.)	er Audited Fina "Yes" on Form 990 ial statements 90, Part IX, line 25:	ancial Si	tatemen ne 12a.	2a 2b 2c 2d	Expenses 66,82	5	1,752	<u>,186.</u>
Part XII Reconciliati Complete if the 1 Total expenses and los 2 Amounts included on I a Donated services and b Prior year adjustments c Other losses d Other (Describe in Part e Add lines 2a through 2 3 Subtract line 2e from lit	ion of Expenses p organization answered sses per audited financi ine 1 but not on Form 9 use of facilities t XIII.)	er Audited Fina "Yes" on Form 990 ial statements 90, Part IX, line 25:	ancial Si	tatemen ne 12a.	2a 2b 2c 2d	Expenses 66,82	5	1,752	<u>,186.</u>
Part XII Reconciliati Complete if the 1 Total expenses and los 2 Amounts included on I a Donated services and b Prior year adjustments c Other losses d Other (Describe in Part e Add lines 2a through 2 3 Subtract line 2e from li 4 Amounts included on I	ion of Expenses p organization answered sses per audited financi ine 1 but not on Form 9 use of facilities t XIII.) 2d ine 1 Form 990, Part IX, line 2	er Audited Fina "Yes" on Form 990 ial statements 90, Part IX, line 25:	ancial Si	tatemen ne 12a.	2a 2b 2c 2d	Expenses 66,82	5	1,752	<u>,186.</u>
Part XII Reconciliati Complete if the 1 Total expenses and los 2 Amounts included on I a Donated services and b Prior year adjustments c Other losses d Other (Describe in Part e Add lines 2a through 2 3 Subtract line 2e from lit 4 Amounts included on I a Investment expenses I	ion of Expenses p organization answered sses per audited financi ine 1 but not on Form 9 use of facilities t XIII.) 2d Form 990, Part IX, line 2 not included on Form 99	er Audited Fina "Yes" on Form 990 ial statements 190, Part IX, line 25: 25, but not on line 1 90, Part VIII, line 7b	ancial St , Part IV, lii	tatemen ne 12a.	2a 2b 2c 2d 4a	Expenses 66,82	5	1,752	<u>,186.</u>
Part XII Reconciliati Complete if the 1 Total expenses and log 2 Amounts included on I a Donated services and b Prior year adjustments c Other losses d Other (Describe in Part e Add lines 2a through 2 3 Subtract line 2e from Ii 4 Amounts included on I a Investment expenses in b Other (Describe in Part	ion of Expenses p organization answered sses per audited financi ine 1 but not on Form 9 use of facilities t XIII.) 2d Form 990, Part IX, line 2 not included on Form 99	er Audited Fina "Yes" on Form 990 ial statements 190, Part IX, line 25: 25, but not on line 1 90, Part VIII, line 7b	ancial St , Part IV, lii	tatemen ne 12a.	2a 2b 2c 2d 2	Expenses 66,82	5	1,752	,186. ,825. ,361.
Part XII Reconciliati Complete if the Total expenses and los Amounts included on I Donated services and Prior year adjustments C Other losses Other (Describe in Part Add lines 2a through 2 Subtract line 2e from li Amounts included on I Investment expenses I D Other (Describe in Part C Add lines 4a and 4b	ion of Expenses p organization answered sses per audited financi ine 1 but not on Form 9 use of facilities t XIII.) 2d form 990, Part IX, line 2 not included on Form 99 t XIII.)	er Audited Fina "Yes" on Form 990 ial statements 90, Part IX, line 25: 25, but not on line 1 90, Part VIII, line 7b	ancial Si	tatemen ne 12a.	2a 2b 2b 2c 2d 2d 4a 4b	Expenses 66,82	Der Retu 5. 2e 3 4c	1,752 66 1,685	<u>,186.</u> , <u>825.</u> , <u>361.</u> 0.
Part XII Reconciliati Complete if the Total expenses and los Amounts included on I Donated services and Prior year adjustments C Other losses Other (Describe in Part Add lines 2a through 2 Subtract line 2e from li Amounts included on I Investment expenses I D Other (Describe in Part C Add lines 4a and 4b	ion of Expenses p organization answered sses per audited financi- ine 1 but not on Form 9 use of facilities t XIII.) 2d ine 1 Form 990, Part IX, line 2 not included on Form 99 t XIII.) mes 3 and 4c. (This mus	er Audited Fina "Yes" on Form 990 ial statements 90, Part IX, line 25: 25, but not on line 1 90, Part VIII, line 7b	ancial Si	tatemen ne 12a.	2a 2b 2b 2c 2d 2d 4a 4b	Expenses 66,82	Der Retu 5. 2e 3 4c	1,752	<u>,186.</u> , <u>825.</u> , <u>361.</u> 0.

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	\mathbf{OF}	MARCH	31,	2019,	THE	ORGANIZATION	DOES
-----------	-----------	-----------	----	---------------	-------	-----	-------	-----	--------------	------

NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE EITHER

RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

832054 10-29-18

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047			
(Form 990 or 990-EZ)		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.									
Department of the Treasury		Attach to Form 990			-			Open to Public			
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for instr	uction	is and	the latest informat	ion.	Employer ide	Inspection entification number			
		AND UNBORN BABY CA	RE	OF	LI, INC		**_***				
	complete this par	 Complete if the organization answer 	ered "Y	′es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not			
1 Indicate whether th	e organization rais	sed funds through any of the followin	-			-					
a Mail solicitat	ions email solicitations			0	overnment grants nment grants						
c Phone solici		g 🗌 Special		-	-						
d In-person so		or oral agreement with any individual	(inclu	dina o	fficers directors tru	etaas	or				
		art VII) or entity in connection with p						s 🗌 No			
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu e organization.	uant to	agree	ements under which	the fi	undraiser is to	be			
(i) Name and addres	s of individual		(iii) fundr have c	Did	(iv) Gross receipts	(v)	Amount paid or retained by)	(vi) Amount paid			
or entity (fund		(ii) Activity	or cor	ustody itrol of utions?	from activity		fundraiser ted in col. (i)	to (or retained by) organization			
			Yes	No							
Total											
		on is registered or licensed to solicit		outions	s or has been notifie	d it is	exempt from	registration			
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-1	ΕΖ	sche	dule G (Form	990 or 990-EZ) 2018			
832081 10-03-18											

832081 10-03-18

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_**** Page 2 Schedule G (Form 990 or 990-EZ) 2018 MOTHER AND UNBORN BABY CARE OF LI, INC 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.

83208	32 10	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018
J		res, explain.				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
		No," explain:				
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac		states?		Yes No
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes% └── No	
	5	Other direct expenses	No	└── Yes %	Yes %	
Direct	4	Rent/facility costs				
Direct Expenses	3	Noncash prizes				
ses	2	Cash prizes				
Re	1	Gross revenue				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Pa	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			107,854.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	28 , 880 . 9 in column (d)	1,930.	3,460.	34,270.
Ō	8	Entertainment		1 0 2 0	2 4 6 0	
Direct Expenses	7	Food and beverages				
xpense	6	Rent/facility costs				
Sč	5	Noncash prizes				
	4	Cash prizes				
	3	Gross income (line 1 minus line 2)	69,090.	22,489.	50,545.	142,124.
	2	Less: Contributions				
Revenue	1	Gross receipts	69,090.	22,489.	50,545.	142,124.
an			(event type)	(event type)	(total number)	col. (c))
				KNIGHTS OF COLUMBUS DIN	4	(add col. (a) through
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events

Sch	edule G (Form 990 or 990-EZ) 2018 MOTHER AND UNBORN BABY CARE OF LI, INC **-****** Page 3
11	
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?
13	Indicate the percentage of gaming activity conducted in:
	The organization's facility
	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?
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party \$
С	If "Yes," enter name and address of the third party:
	Name
	Address
16	Gaming manager information:
10	
	Gaming manager compensation
	Description of services provided
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	retain the state gaming license? Yes No 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 🕨 \$
Pa	rt 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.
83208	33 10-03-18 Schedule G (Form 990 or 990-EZ) 2018
	31

Schedule G	(Form 990 or 990-EZ) Supplemental In	MOTHER	AND	UNBORN	BABY	CARE	OF	LI,	INC	**_*****	Page 4
Part IV	Supplemental In	formation (cont	inued)								
									Scł	hedule G (Form 990 o	990-EZ)
832084 04-01-	18				32						

SCHEDULE I (Form 990)		Go	irants and Oth vernments, ar ete if the organizatio	nd Individua n answered "Yes" Attach to For	ls in the Ŭn i " on Form 990, Pa m 990.	ited States art IV, line 21 or 22.		OMB No. 1545-0047 2018 Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of the organ		D UNBORN	BABY CARE C	F LI, INC	1			Employer identification number ** - * * * * * * *
Part I Gener	al Information on Grants a			-				
1 Does the org	anization maintain records	to substantiate the	amount of the grants	or assistance, the	e grantees' eligibilit	ty for the grants or as	sistance, and the sele	ction
criteria used	to award the grants or assi	stance?	-					Yes X No
2 Describe in F	Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	d States.			
Part II Grants	s and Other Assistance to	Domestic Organi	zations and Domesti	c Governments. (Complete if the org	anization answered	es" on Form 990, Pa	rt IV, line 21, for any
recipie	nt that received more than	\$5,000. Part II can	be duplicated if addit	ional space is nee	ded.			
	d address of organization 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 noncash assistance	(h) Purpose of grant or assistance
	umber of section 501(c)(3) a			ne líne 1 table				🛃
	umber of other organization							
LHA For Paperv	ork Reduction Act Notice	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) MOTHER AND UNBORN BABY CARE OF LI, INC

_***

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO CLIENTS SERVED THROUGH PREGNANCY AND					DONATED MATERIALS FOR MOTHER
BABY CARE COUNSELING AND EDUCATION	1584	0.	806,763.	FAIR MARKET VALUE	AND BABY CARE
CASH GRANT TO PURCHASE BABY EQUIPMENT AND SUPPLIES					
FOR PREGNANCY CARE CLIENTS	197	26,047.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHED		т	ransactior	ne V	Vith	Inte	erested	P	ersons			ON	MB No.	1545-0	047
			e organization and	swere	d "Ye	s" on F	orm 990, Par	t IV,	, line 25a, 25b, 2	26, 27	, 28a,		20	18	}
			28b, or 28c, o ► Atta				art V, line 38a Form 990-E2		40b.			0	pen T	o Put	olic
Department of Internal Reven		► Go t	o www.irs.gov/Fc						est information.				spect		
Name of th	ne organization					~						r ident		ion nu	umber
Part I			ND UNBORN									* * *	* *		
Tarti			iswered "Yes" on									Ъ			
1	•	(b) Relationship bet									56.	(d)	Corre	ected?
(a) Na	me of disqualified p	person	person and o	rganiza	ation		(0	:) De	escription of tran	sactio	'n			es	No
													+		
													+-		
													+	-	
													+		
	the amount of tax	incurred by the	e organization mar	agers	or dis	qualifie	ed persons du	ring	the year under						
	on 4958 the amount of tax,		2 abovo roimburg								► \$ ► ¢				
3 Enter	the amount of tax,	ii ariy, ori iire i	z, above, reimburs	eu by	the of	yaniza		•••••			P				
Part II	Loans to and	d/or From I	nterested Per	sons	-										
	Complete if the o	organization ar	nswered "Yes" on	Form §	990-EZ	, Part V	V, line 38a or I	Forn	n 990, Part IV, lir	ie 26;	or if th	ne orga	anizati	on	
			90, Part X, line 5, 6		2. an to or	1-				((h) Ap	provec		/ritton
	a) Name of rested person	(b) Relationsh with organization		fron	n the zation?		(e) Original principal amount		(f) Balance due		(g) In default?		Thu board or I W		Vritten ement?
	·				From					Yes No		Yes	No	Yes	No
											<u> </u>				
											├──				
													 		
Tatal													L		
Total	Grants or As	sistance B	enefiting Inte	reste	d Pe	rsons	> \$ 5.				_		_		
	Complete if the o	organization ar	nswered "Yes" on	Form §	990, P	art IV, I	ine 27.								
(a) N	lame of interested	person	(b) Relationship interested pers the organiza	son an			c) Amount of assistance		(d) Type assistan			•) Purp assist		of
											+				
											-+				
											-+				
											+				
LHA For	Paperwork Reduct	tion Act Notic	e, see the Instruc	tions	for Fo	rm 990) or 990-EZ.		Sch	edule	L (Fo	rm 990) or 99	90-EZ	2) 2018

832131 10-25-18

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Schedule I	(Form 990 or 990-EZ) 2018 MOTHER	AND U	NBORN BABY C	ARE OF	LI.]	INC *	*_***	* * *	Page 2
Part IV	Business Transactions Involv	ing Intere	ested Persons.		/				T ugo L
	Complete if the organization answered	"Yes" on For	rm 990, Part IV, line 28a	28b, or 28c.					
(a) Name of interested person	(b) Relation	nship between interested and the organization				cription of saction	organi	aring of ization's nues?
								Yes	No
DEACON	THOMAS LUCIE	FORMER	CHAIRMAN OF	32	,337.	. OWNER	OF IN	1	X
									_
Part V	Supplemental Information.								
	Provide additional information for resp	onses to que	stions on Schedule L (se	e instructions	3)				
					<i>.</i>				
SCH L,	PART IV, BUSINESS I	RANSAC	TIONS INVOLV	ING INT	EREST	TED PE	RSONS:		
(A) NA	ME OF PERSON: DEACON	I THOMA	S LUCIE						
(B) RE	LATIONSHIP BETWEEN I	NTERES	TED PERSON A	ND ORGA	NIZAT	CION:			
FORMER	CHAIRMAN OF BOARD								
(~)		* ~ ~ ~							
(C) AM	OUNT OF TRANSACTION	Ş 3 ∠ ,3	37.						
(D) DE	SCRIPTION OF TRANSAC	TION:	OWNER OF INS	URANCE	AGENO	CY (SU	LLIVAN	J.	
(2) 22				0111101				• /	
SHUGRU	E AND LUCIE AGENCY I	NC) PR	OVIDING GENE	RAL, PF	OFESS	SIONAL	AND V	ORKE	IRS
COMPEN	SATION INSURANCE.								
(E) SH	ARING OF ORGANIZATIO	N REVE	NUES? = NO						
		-							

832132 10-25-18

Schedule L (Form 990 or 990-EZ) 2018

_**** Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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 for instructions and the latest information.

8 20 **Open to Public** . Inspection

Mana		a way a value at i a va
Name	ortne	organization

MOTHER AND UNBORN BABY CARE OF LI, INC

Employer	ide	ntif	ica	tior	n nun	nber
*	*	* *	* *	* *	* *	

ſ

Par	rt 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 de noncash contribu		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		806,763.	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 organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be u	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	tions?	31	Х	<u> </u>
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				-
	contributions?					32a		X
b								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			

describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832141 10-18-18

2018.05030 MOTHER AND UNBORN BABY CARE MOTHERU1 10090127 793255 MOTHERUNBORN

Schedule M	(Form 990) 2018	MOTHER	AND	UNBORN	BABY	CARE	OF	LI,	INC	**_****	Page 2
Part II	Supplemental	Informatio	on. Pro	vide the inform	nation requ	uired by P	art I, lir	nes 30b,	32b, and 33,	and whether the organize bination of both. Also com	ation
832142 10-18-	18					38				Schedule M (Form	n 990) 2018

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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 for the latest information.



MOTHER AND UNBORN BABY CARE OF LI, INC

Employer identification number

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

D/B/A WOMEN FIRST 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.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization MOTHER AND UNBORN BABY CARE OF LI, INC	Employer identification number **_****
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING INSTRUMENTS, CONFLIC	T 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	E 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	
MAINTENANCE \$11,670	
POSTAGE 8,728	
TELEPHONE 10,204	
TRAINING 5,154	
TOTAL \$35,756	
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.	
832212 10-10-18 Sched 40	lule O (Form 990 or 990-EZ) (2018)

chedule O (Form 990 or 990-EZ) (2018) lame of the organization				Employer identification numb
MOTHER AND UNB	ORN BABY C.	ARE OF L	1, INC	**_*****
ORM 990, SCHEDULE G, PAGE 2	, PART II			
UNDRAISING EVENT DETAIL OF (OTHER EVEN	rs:		
BABY SHOWER- GROSS RECEIPTS	\$9,	532		
R MANGANO RESPECT LIFE	7,	553		
VALK A THON	16,	157		
REGIFTING SALE	11,	505		
PAINT NIGHT	5,	798		
OTAL OTHER EVENT GROSS RECE	 IPTS \$50,	545		
VALK A THON-DIRECT EXPENSES	\$2,	960		
REGIFTING SALE		500		
OTAL OTHER EVENT DIRECT EXP	ENSES \$3,	460		

FORM 990 PAGE 10

990

onur 9.	RM 990 PAGE 10						990							
Asset No.	Description	Date Acquired	Method	Life	C Lin o No v	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
	BUILDINGS													
21	BUILDING & IMPROVEMENTS- DEER PARK	12/01/02	SL	39.00	MM17	170,852.				170,852.	67,297.		4,381.	71,678.
	BUILDING- MASSAPEQUA	08/01/04	SL	39.00	MM17	480,362.				480,362.	167,849.		12,317.	180,166.
23	BUILDING IMPROVEMENTS-DEER PARK	10/01/04	SL	39.00	MM17	5,650.				5,650.	1,952.		145.	2,097.
24	BUILDING IMPROVEMENTS-DEER PARK	02/01/07	SL	39.00	MM17	1,500.				1,500.	423.		38.	461.
	BUILDING IMPROVEMENTS-DEER PARK	01/01/08	SL	39.00	MM17	7,500.				7,500.	1,968.		192.	2,160.
	BUILDING IMPROVEMENTS-DEER PARK	02/01/08	SL	39.00	MM17	6,500.				6,500.	1,698.		167.	1,865.
	BUILDING IMPROVEMENTS-DEER PARK	03/01/08	SL	39.00	MM17	11,102.				11,102.	2,874.		285.	3,159.
	BUILDING & IMPROVEMENTS- DEER PARK	05/01/08	SL	39.00	MM17	9,384.				9,384.	2,189.		241.	2,430.
33	BUILDING & IMPROVEMENTS- DEER PARK	06/01/08	SL	39.00	MM17	8,428.				8,428.	1,962.		216.	2,178.
34	BUILDING & IMPROVEMENTS- DEER PARK	07/01/08	SL	39.00	MM17	6,482.				6,482.	1,508.		166.	1,674.
	* 990 PAGE 10 TOTAL BUILDINGS					707,760.				707,760.	249,720.		18,148.	267,868.
	FURNITURE & FIXTURES													
11	FURNITURE & FIXTURES	10/01/01	200DB	7.00	HY17	1,055.				1,055.	1,055.		0.	1,055.
12	FURNITURE & FIXTURES	04/01/97	200DB	7.00	HY17	511.				511.	511.		0.	511.
13	FURNITURE & FIXTURES	10/01/04	200DB	5.00	HY17	12,703.				12,703.	12,703.		0.	12,703.
14	FURNITURE & FIXTURES	02/01/07	200DB	7.00	HY17	1,405.				1,405.	1,405.		0.	1,405.
15	FURNITURE & FIXTURES	10/01/07	200DB	7.00	HY17	2,080.				2,080.	2,080.		0.	2,080.

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(D) - Asset disposed

FORM 990 PAGE 10

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	JU PAGE IU		330							_				
Asset No.	Description	Date Acquired	Method	Life	C Line o No. v	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
16	FURNITURE & FIXTURES	12/01/07	200DB	7.00	HY17	1,184.				1,184.	1,184.		0.	1,184.
17	FURNITURE & FIXTURES	02/01/08	200DB	7.00	HY17	950.				950.	950.		0.	950.
35	FURNITURE & FIXTURES	07/01/11	200DB	7.00	HY17	1,100.				1,100.	1,050.		50.	1,100.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					20,988.				20,988.	20,938.		50.	20,988.
	MACHINERY & EQUIPMENT													
2	COMPUTER	06/01/05	200DB	5.00	HY17	2,470.				2,470.	2,470.		٥.	2,470.
3	COMPUTER	10/01/06	200DB	5.00	HY17	923.				923.	923.		٥.	923.
4	COMPUTER	06/01/07	200DB	5.00	HY17	656.				656.	656.		٥.	656.
5	OFFICE EQUIPMENT	07/01/00	200DB	5.00	HY17	2,107.				2,107.	2,107.		٥.	2,107.
6	OFFICE EQUIPMENT	10/01/01	200DB	5.00	HY17	1,498.				1,498.	1,498.		٥.	1,498.
7	OFFICE EQUIPMENT	04/01/99	200DB	5.00	HY17	722.				722.	722.		٥.	722.
8	OFFICE EQUIPMENT	01/01/05	200DB	5.00	HY17	1,195.				1,195.	1,195.		٥.	1,195.
9	OFFICE EQUIPMENT	06/01/06	200DB	5.00	HY17	752.				752.	752.		٥.	752.
10	OFFICE EQUIPMENT	03/01/08	200DB	5.00	HY17	600.				600.	600.		٥.	600.
28	OFFICE EQUIPMENT	04/01/99	200DB	5.00	HY17	1,100.				1,100.	1,100.		٥.	1,100.
29	COMPUTER	04/01/08	200DB	5.00	HY17	695.				695.	695.		٥.	695.
37	OFFICE EQUIPMENT	01/01/13	200DB	5.00	MQ17	22,321.				22,321.	22,321.		٥.	22,321.
38	OFFICE EQUIPMENT	05/23/14	200DB	7.00	HY17	710.			355.	355.	244.		32.	276.

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(D) - Asset disposed

FORM 990 PAGE 10

	O PAGE 10		330		_									
Asset No.	Description	Date Acquired	Method	Life	C o Line n No. v	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
39	OFFICE EQUIPMENT	07/15/15	200DB	5.00	HY17	1,476.				1,476.	1,051.		170.	1,221.
40	OFFICE EQUIPMENT	12/15/15	200DB	5.00	HY17	2,478.				2,478.	1,941.		215.	2,156.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					39,703.			355.	39,348.	38,275.		417.	38,692.
	TRANSPORTATION EQUIPMENT													
41	AUTO	12/15/16	200DB	5.00	HY17	29,171.				29,171.	15,171.		5,980.	21,151.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT					29,171.				29,171.	15,171.		5,980.	21,151.
	LAND													
18	LAND- MASSAPEQUA	02/01/01	L			126,634.				126,634.			0.	
19	LAND- DEER PARK	12/01/02	L			111,725.				111,725.			٥.	
	* 990 PAGE 10 TOTAL LAND					238,359.				238,359.	0.		0.	0.
	OTHER													
43	EQUIPMENT-COMPUTER	03/08/18	200DB	5.00	MQ17	1,200.				1,200.	60.		456.	516.
44	FURNITURE & FIXTURES	12/14/17	200DB	7.00	MQ17	1,782.				1,782.	191.		455.	646.
	BUILDING & IMPROVEMENTS-CARGO LIFT	12/18/17	SL	39.00	MM17	6,000.				6,000.	45.		154.	199.
46	TABLET	03/27/19	200DB	5.00	MQ191	3 2,318.				2,318.			116.	116.
	* 990 PAGE 10 TOTAL OTHER					11,300.				11,300.	296.		1,181.	1,477.
	* GRAND TOTAL 990 PAGE 10 DEPR					1,047,281.			355.	1,046,926.	324,400.		25,776.	350,176.

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(D) - Asset disposed

FORM 990 PAGE 10

FORM 990 PAGE 10							550								
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
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,044,963.			355.	1,044,608.	324,400.			350,060.
	ACQUISITIONS						2,318.			0.	2,318.	0.			116.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						1,047,281.			355.	1,046,926.	324,400.			350,176.
	ENDING ACCUM DEPR											350,531.			
	ENDING BOOK VALUE											696,750.			

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(D) - Asset disposed

Form 4562	
Department of the Treasury Internal Revenue Service	(99)
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Attachment Sequence No. **179** Identifying number

20

OMB No. 1545-0172

8

MO	THER AND UNBORN BAI	BY CARE OF	LI, IN	C FOR	м 990 р.	AGE 10		**_*****
Pa	rt I Election To Expense Certain Pro	perty Under Section 1	79 Note: If you	have any lis	sted property, o	complete Par	t V before y	ou complete Part I.
1 1	Maximum amount (see instructions)						1	1,000,000.
2	Fotal cost of section 179 property pla	aced in service (see	instructions)				2	
	Threshold cost of section 179 proper							2,500,000.
	Reduction in limitation. Subtract line							
5 I	Dollar limitation for tax year. Subtract line 4 from I	ine 1. If zero or less, enter	-0 If married filing	separately, see	instructions		5	
6	(a) Description of	property		(b) Cost (busin	ess use only)	(c) Elected	cost	
ז 7	_isted property. Enter the amount fro	m line 29			7			
8 -	Total elected cost of section 179 pro	perty. Add amounts	s in column (c),	lines 6 and	7		8	
9 -	Tentative deduction. Enter the small	er of line 5 or line 8					9	
	Carryover of disallowed deduction fro							
11	Business income limitation. Enter the	smaller of busines	s income (not l	ess than zer	ro) or line 5		11	
12 3	Section 179 expense deduction. Add	l lines 9 and 10, but	t don't enter m	ore than line	e 11 <u></u>		12	
13 (Carryover of disallowed deduction to	2019. Add lines 9 a	and 10, less lin	e 12	🕨 13			
Note	e: Don't use Part II or Part III below for	or listed property. Ir	nstead, use Pa	rt V.				
Pa	rt II Special Depreciation Allov	vance and Other D	epreciation (E)on't include	e listed proper	ty.)		
14 3	Special depreciation allowance for qu	ualified property (ot	her than listed	property) pl	aced in service	e during		
t	he tax year						14	
15 I	Property subject to section 168(f)(1)	election					15	
	Other depreciation (including ACRS)						16	
Pa	rt III MACRS Depreciation (Dor	i't include listed pro	perty. See inst	tructions.)				
			Sec	tion A				
17 I	MACRS deductions for assets placed	d in service in tax ye	ears beginning	before 2018	3		17	25,660.
18	f you are electing to group any assets placed in s	ervice during the tax year	into one or more ge	eneral asset acc	ounts, check here	Þ L		
	Section B - Asse	ts Placed in Servic			Jsing the Gen	eral Depreci	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property			2,318.	5 YRS.	MQ	200DB	116.
с	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
Ь	Residential rental property	/			27.5 yrs.	MM	S/L	
h	Residential fental property	/			27.5 yrs.	MM	S/L	
	Nonresidential real property	/			39 yrs.	MM	S/L	
i		/				MM	S/L	
	Section C - Assets	Placed in Service	During 2018	Tax Year U	sing the Alterr	native Depre	ciation Sys	stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
c	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Pa	rt IV Summary (See instructions	.)						
	Listed property. Enter amount from li						21	
22	Fotal. Add amounts from line 12, line	es 14 through 17, lir	nes 19 and 20 i	n column (g), and line 21.			AR
	Enter here and on the appropriate lin				tions - see inst	r	22	25,776.
	For assets shown above and placed		e current year,	enter the				
	portion of the basis attributable to se				23			
01605	1 12-26-18 LHA For Paperwork Red	duction Act Notice	see senarate	instautio	20			Form 4562 (2018)

For	m 4562 (2018)	MOT	HER AND	UNB	ORN	BAE	BY CAR	RE O	F LI,	INC		**_	* * * *	* * *	Page 2
	art V Listed Proper	tv (Include au	utomobiles, ce	ertain oth					-		or				
	entertainment, Note: For any				otondo	rd mile	and rate	or dod	ucting loop				Jy 240		
	24b, columns ((a) through (c) of Section A	, all of S	ection E	8, and	Section C	; if app	licable.	se expen	se, com	ipiere or i	iy 24a,		
	Section A -	Depreciatio	on and Other	Informa	tion (Ca	aution	: See the	instruc	tions for li	mits for p	basseng	ger autor	nobiles.))	
24a	Do you have evidence to s	support the bu	siness/investm	ent use cla	aimed?		Yes	No	24b If "Y	'es," is th	e evide	nce writ	ten?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)		g)	((h)	-	(i)
	(a) Type of property (list vehicles first)	Date placed in	Business/ investment	at	Cost or	1	Basis for dep business/inv		Recovery		hod/		eciation uction		ected on 179
	(list vehicles list)	service	use percenta	ge ^{ol}	her basis	,	use on	ly)	period	COIIV	ention	ueu	JULION		ost
25	Special depreciation allo	owance for q	ualified listed	property	/ placed	in ser	vice durin	ig the t	ax year ar	nd					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more that	in 50% in a q	ualified busin	ess use:											
		: :	(%											
		: :	(%											
		: :	(%											
27	Property used 50% or le	ess in a quali	fied business	use:											
		: :	(%						S/L -					
		: :	C	%						S/L ·					
		: :	C	%						S/L ·					
28	Add amounts in column	n (h), lines 25	through 27. E	inter her	e and or	n line 2	21, page 1				28				
	Add amounts in column												. 29		
			5	Section I	B - Infor	matic	on on Use	of Vel	hicles						
Col	mplete this section for ve	ehicles used I	by a sole prop	orietor, p	artner, c	or othe	er "more tl	nan 5%	6 owner,"	or related	l persor	n. If you	providec	d vehicle	es
	our employees, first ans														
		·						•	•	0					
				(a)		(b)		(c)	(0	d)	(e)	((f)
30	Total business/investment	miles driven d	uring the		nicle	\	Vehicle		/ehicle	Veh			nicle		hicle
	year (don't include commu	iting miles)	-												
31	Total commuting miles of														
	Total other personal (no														
	driven	-	-												
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	s No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?			100		1.00		1.00		100	110	100		100	
35	Was the vehicle used p														
	than 5% owner or relate														
36	Is another vehicle availa														
00	use?	-													
	use:		- Questions	l for Empl	L Iovers V	l Vho Di	rovide Ve	hiclos	for Use b	v Their F	mplov	1	1		
۸па	swer these questions to												ron't		
	re than 5% owners or rel			xceptioi		pietin	y Section	BIULV	enicies us	seu by ei	npioyee	5 WIIU a	ent		
	Do you maintain a writte			obibite c		nalue	o of vobic	los inc		mmuting	byyou	r		Yes	No
31												ſ		Tes	
20	employees?														-
30	Do you maintain a writte														
~~	employees? See the ins														-
	Do you treat all use of v													·	+
40	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require													·	
n	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don <i>*</i>	t comple	ete Se	ection B fo	or the c	overed ve	hicles.					
P	art VI Amortization			(b)		10			(d)		(0)			(f)	
	(a) Description o	f costs	Date	(b) amortization		(C Amorti	zable		(d) Code		(e) Amortiza		Ar	(f) mortizatior	ı
	A 11 11			begins		amo	unt		section		period or per		fo	or this year	
42	Amortization of costs th	nat begins du	ring your 201	s tax yea	ar: I			- 1							
				: :											
				: :											
	Amortization of costs th											43			
14	Total. Add amounts in o	column (f). Se	e the instruct	ions for	where to	o repo	ort	<u></u>				44			
316	252 12-26-18												F	orm 456	52 (2018)
							43								