Form **99** (Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

OMB No. 1545-0047 Open to Public Inspection

В	Check i	C Name of organization	D Employer id	lentification number	No.
	Addi				
F	char Nam char		37-12	10160	
-	Initia		/suite E Telephone n	The second of th	-
F	retur Final	2010 TOUNGON BOND		51-2002	
L	retur term ated	in-	G Gross receipts \$		1
	Ame	nded CDANTER CIMY II 62040	A STATE OF THE PERSON NAMED IN COLUMN 2 AND ADDRESS OF THE PERSON	The second secon	<u>T</u>
F	Iretur Appl		H(a) Is this a gre	inates? Yes X	
	Ition pend	same as C above		inates included? Yes \\	
1	Γαν.ρ	xempt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or		ach a list. (see instructions)	
		ite: www.supportmosaic.org		mption number	
				87 M State of legal domicile:	TI
		Summary	. rear or formation. 17	O 71 W State of legal dofficile, .	77
	1	Briefly describe the organization's mission or most significant activities: PREGNAN	CY COUNSELT	NG	-
Activities & Governance		Entry describe the organization of most organization at the organization of the organi	CI COUNDEDII	.10	
'n	2	Check this box large if the organization discontinued its operations or disposed of	more than 25% of its r	net assets	
)Ver	3			Programme and pr	•
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)	***************************************	4	-
ە دە	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	***************************************	5	13
iţie	6	Total number of volunteers (estimate if necessary)		6	4(
ŧ	73	Total unrelated business revenue from Part VIII, column (C), line 12		7a (0.
Ă		Net unrelated business taxable income from Form 990-T, line 39			0.
	<u>U</u>	Net differenced business taxable income from 1 offit 350-1, line 35			0 .
	8	Contributions and grants (Part VIII, line 1h)	Prior Year 575,07	73. Current Year	3
Revenue	200				
Ver	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10		$\frac{0}{4}$
Re	10			52.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			_
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X		Total fundraising expenses (Part IX, column (D), line 25) 15,632.	150 00	- 484 85	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
- 0	19	Revenue less expenses. Subtract line 18 from line 12			в.
s or			Beginning of Current Y		
Sset	20	Total assets (Part X, line 16)	234,20		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	37,03		
ZZ.	22	Net assets or fund balances. Subtract line 21 from line 20	197,16	380,286	5.
Par		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		of my knowledge and belief, it is	j
true, c	orrect	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.		_
		Signature of officer	9/25/2	20	
Sign		,	Date /		
Here	ı	Kathy Lesnoff, President/CEO Type or print name and title	An French Walter Land Visit Land Land Land Land Land Land Land Land		
manage letteres			I Doto I a	C D DTIN	
	- 1	Print/Type preparer's name Preparer's signature	Date Check		
Paid	+	Shawn Williamson Afaur Williamson	Contraction of the Contraction o	mployed P01202759	
Prepa	1	Firm's name Fick, Eggemeyer & Williamson, CPA's	Firm's EIN	▶ 37-1231621	
Use O	nly	Firm's address 6240 S. Lindbergh, Ste 101			
Edinary America		St. Louis, MO 63123	Phone no. 3	314-845-7999	
May t	he IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No	0

		IC PREGNANCY & HEALTH n Service Accomplishments		37-1218460 Pa
	Check if Schedule O contains	a response or note to any line in this could	k 110	
1	Briefly describe the organization's r	mission:	. 111	
	TO PROVIDE PREGNAM	NCY COUNSELING AND ABS	COLUMN TO THE PARTY OF THE	
		THU AD:	STINENCE EDUCATION	N
2	Didate			
2	prior Form 990 or 900 ETTS	significant program services during the year	ar which were not listed on the	The desired part of the second
	If "Vee " describe these			
3	If "Yes," describe these new service	s on Schedule O.		Yes LAJ
•	If "Vos." describe the result	ing, or make significant changes in how it of Schedule O.	conducts, any program services?) [], [च]
4	If "Yes," describe these changes on	Schedule O.	, , i= - g. a.m col vicog i	Yes LX
*	Describe the organization's program	service accomplishments for each of its the amount	hree largest program services, or) managara 17
	Section 501(c)(3) and 501(c)(4) organ	nizations are required to report the amount vice reported.	t of grants and allocations to oth	ore the telet
4a			5 mile and anoughous to other	ers, trie total expenses, and
td	(Code:) (Expenses \$	362,474. including grants of \$	\ /n	
	DECMANGING ASSISTA	NCB: AND COTINGET TAYS TO	R WOMEN FACED WITH	THE TRANSPORTS
	PREGNANCIES IN THE	GREATER GRANITE CITY	, IL AREA, AND P	TH ONEXPECTED
	ABSTINENCE EDUCATION	ON TO LOCAL TEENAGERS	P - INCLUTE, FAND P	KOATDE
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) (Code:) (Expenses \$	Including grants of \$		
_		including grants of \$) (Revenue	\$
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(Co	ode:) (Expenses \$	including grants of \$	\ /-	
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	1984 1984 1984 1984 1984 1984 1984 1984			
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		The state of the s		
<u> </u>				
	er program services (Describe on Sch	nedule O.)		· · · · · · · · · · · · · · · · · · ·
	onsos \$	including grants of \$	(Revenue \$	
	al program service expenses	362,474.)

932003 01-20-20

Form **990** (2019)

	is the organization described in section 501(c)(2) or 4047(c)(4) (c)		Ye	s No
	3 miles a decided in decide of the first of the state of			
2	If "Yes," complete Schedule A	1	X	-
3	The state of the s	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes." complete Schedule C. Bort I		•	1
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization assess is label.	<u> 3</u>	_	X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe	ct		
5	during the tax year? If "Yes," complete Schedule C, Part II	. 4		X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.102 (f "You" accounts to 6 to 100 membership dues, assessments, or			1
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part Did the organization receive or hold a conservation easement, including easements to preserve open space,	/ 6		X
	the environment, historic land areas, or historic structures? If Illican II and a service open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	. 7	_	X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		1	
9	Schedule D, Part III	. 8		X
	and A, line 21, for escrow of custodial account liability, same as a custodian fer]
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			-
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold specific in the services?	9	<u> </u>	X
			1	ļ
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
• •	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
=	• • • • • • • • • • • • • • • • • • • •			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
h	Part VI	11a	X	
	The and digentification report an amount for investigents of one sectioning in part Y line 10 that is not assessed to	1		
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	and the digenter and the port an amount for investments - program related in Part V line 13 that is set an expense of the contract of the cont			
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
·	status 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 Did the organization report an amount for other liabilities in Deat V. II. 2000 the property of the p	11d		X
- E	The area of garagest report an amount for other liabilities in Part X. line 257 If "Yes " complete Schedule D. Doct V	11e		X
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
192	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
h	Schedule D, Parts XI and XII Was the organization included in consolidated independent outlied fine solidated independent outlied fine solidated.	12a	Х	
	and an analysis of the toy work		İ	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program aggregate activities a strict time to the strict of the			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
i.	and the organization report our art in, column (A), line 3, more man \$5 000 of grants or other aggistance to an fer any			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IV, column (A) line 2, more than 25 000 (15		<u>X</u>
Ю	and the digentification report of the first in, column (A), since 3, more man and another continues and an area and a second a second and a second and a second and a second and a second a second and a			
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
1,	and digardization report a total of more than \$15,000 of expenses for professional fundraising convince on Doct IV		1	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	big the organization report more than \$15,000 total of fund(a)sind event gross income and contributions on Bort VIII. If an			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	bid the organization report there than \$15,000 or gross income from gaming activities on Part VIII. line 9a? # "Yes."		T	
00-	complete Schedule G, Part III	19		X
20a	big the organization operate one of more hospital facilities? If "Yes," complete Schedule H	20a		X
IJ	ir res to line zoa, did the organization attach a copy of its audited financial statements to this return?	20b][
21	bid 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	24		v

Page 4

2		[Yes	No No
_	Fart 12, Column (A), line 27 If "Yes," complete Schedule I. Parts I and III	22	,]	х
2				
	and former officers, directors, trustees, key employees, and highest compensated employees.			
2	ouredule o	. 23	.	Х
	The same of the sa			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	b Did the organization maintain an express a secret of the second at the organization maintain an express of tax-exempt bonds beyond a temporary period exception?	242	<u> </u>	X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	<u> </u>	ļ
	any tax-exempt bonds?			1
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25	a booker to tology of the first of the properties and the properties are the properties and the properties and the properties are the properties a		-	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I			7.7
	and the chigaged in an excess benefit transaction with a disqualified parson in a stress	. <u>25a</u>	┼	X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-F7? If "Yes " complete]		
	Ouredule L, Fait i	och	1	x
26	and the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any oursest	. 25b	 	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 0507			
07	controlled entity or family member of any of these persons? If "Yes." complete Schedule I. Part II	26		х
27	a significant provide a grant of other assistance to any current or former officer, director, trustee, here assistance to any current or former officer, director, trustee, here assistance to any current or former officer, director, trustee, here assistance to any current or former officer, director, trustee, here assistance to any current or former officer, director, trustee, here assistance to any current or former officer.			
	creator of founder, substantial contributor or employee thereof, a grant selection committee members and a contributor or employee thereof.			
28	charty (modeling an employee (nereot) of family member of any of these persons? If "Ves " complete Coherty's L. B. J. W.	27		Х
20	the difference of the following parties (see Schedule I. Bost W.			
ź	instructions, for applicable filing thresholds, conditions, and exceptions):			1.00
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		i 1	
Ł	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a2 if "Yos " complete Schedule L, Part IV	28a		X
c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		<u>X</u>
	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in page cash contributions of the second of			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	 _	<u>X</u>
30	and the digarization receive contributions of all, historical treasures or other similar consts.	29	X	
	contributions? If "Yes," complete Schedule M		ŀ	v
31	The state of the s	30		X
32	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	31		<u> </u>
	Schedule N, Part II	32	ŀ	Х
33	bid the organization own 100% of an entity disregarded as senarate from the organization under Demotet			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		X
34	and organization related to any tax-exempt of taxable entity? If "Yes," complete Schedule R. Part II. III. or IV. and			
9E ~	Part V, line 1 Did the organization have a controlled entity within the manning of the program	34		<u>X</u> _
ooa h	The meaning of section 512/61/1312	35a		X
J	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make a section 501(c)(3).	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R. Part V. line 2		1	
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u> _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X_</u>
	Note: All Form 990 filers are required to complete Schedule O			
Par	tV Statements Regarding Other IRS Filings and Tax Compliance		X [
	Check if Schedule O contains a response or note to any line in this Part V		Г	7
			es N	10
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		~~ ^	
b	Enter the number of I-orms W-2G included in line 1a. Enter -0- if not applicable			
C	bid tile organization comply with backup withholding rules for reportable payments to vendors and reportable gening			****
2004	(gambling) winnings to prize winners?		x	
		E 0	$\Omega \Omega \cos \Omega \Omega$	4.0\

2019) MOSAIC PREGNANCY & HEALTH CENTERS
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2019)
Part V Sta

:	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Г		Yes	N
	filed for the calendar year ending with or within the year covered by this return	. 3			
	b if at least one is reported on line 2a, did the organization file all required (ordered employment).		OI:	ŀ	,
	trates it also carried that 23 is greater than 230, you may be required to e-file (see instructions)	··	2b	 	_2
:					ĺ.,
	b if Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on School to Co.	· -	<u>3a</u>		2
-	and deliver and deliver year, the trible of the or an elementary and the contract of the contr	- 1	3b	 	·
	micholal account in a foreign country (such as a bank account, securities account, or other financial account)			1	10
	a in 1993 street the harme of the foreign country	· -	4a	 	X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	•			
5	a "Thus the organization a party to a promoted tax shelter transaction at any time during the terring of		_	Į	Ι.,
	The same party from y the organization files it was not to a problem as a second standard and the same second	- 1	5a		X
	- " The security of the organization life FORM 8886-17	-	5b		<u> X</u>
6	and did the examination and di	-	<u>5c</u>		
	any contributions that were not tax deductible as charitable contributions?	1,	_		37
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-6	<u>6a</u>		X
	were not tax deductible?	۱.		ĺ	
7	The state of the s		Sb		
;	Uid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and continue to the continue of the continue o				**
ı	- 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>	<u>'a </u>		X
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	\vdash	'b	-+	
	to the Form 62627	_	.		7.
•	. It is of indicate the fidinger of Forms 6262 filed during the year	7	င္		<u> X</u>
€	bid the organization receive any funds, directly or indirectly, to nay premiums on a porcent homesty and the	┑_		ŀ	
f	bid the organization, during the year, pay premiums, directly or indirectly, on a personal hepefit contract?	7			
9	a contribution of qualified intellectual property, did the organization file Form 9000 on require do	7		 -	
h	in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1908 co.	79			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	71			
	SUULISUULU OLUALITATION NAVA AYCASS husingas haldinga at anustina at the survey of the		- 1	· · [·	
9	Sponsoring organizations maintaining donor advised funds.	8			
а	Did the sponsoring organization make any taxable distributions under section 49662		- 1	1 212	
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		\dashv	
10	dection 50 f(c)(r) organizations. Enter:	9b	-		1 :: 1
а	Initiation fees and capital contributions included on Part VIII, line 12				11
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а					
þ	Gross income from other sources (Do not net amounts due or paid to other sources against		3		
	amounts due or received from them.)				
12a	Section 4947 (a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in liqu of Form 40449	40-	4::	.:-140	\$2.7
b	res, enter the amount of tax-exempt interest received or accrued during the year	12a	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				1
а	is the organization licensed to issue qualified health plans in more than one state?	100	+		<u> </u>
	Note: Ose the instructions for additional information the organization must report on Schedule O	13a	-		777
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				
С	Enter the amount of reserves on hand				nān
ira	bid the organization receive any payments for indoor tanning services during the tax year?	4.4-	1	1 1/2 1/2 to	;:::::::::::::::::::::::::::::::::::::
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		+	<u>Χ</u>
35	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	+		—
	excess parachute payment(s) during the year?	45		١,	,
	res, see instructions and file Form 4720, Schedule N.	15	+	X	<u>-</u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1 .		- : : -
	If "Yes," complete Form 4720, Schedule O.	16	1	$-\frac{X}{2}$	-

MOSAIC PREGNANCY & HEALTH CENTERS 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 on Schedule O. See instructions

_	Check if Schedule O contains a response or note to any fine in this Part VI Section A. Governing Body and Management			
<u> </u>	Section A. Governing Body and Management	<u></u>	<u> </u>	<u> </u>
				
	1a Enter the number of voting members of the governing body at the end of the tax year		<u> Y</u>	es l
		/ :		
	The second distriction of the second distriction of the second se			
	The first of voting members included on line 12, above when and the			
:		6		
:	3 Did the organization delegate control over management in the	<u>L</u> :	2	
	of officers, directors, trustees, or key employees to a manage distortion by or under the direct supervision			\neg
4	Did the organization make any significant changes to its governing the person?	a	3	1 2
5	5 Did the organization become aware during the year of a six and a doddnients since the prior Form 990 was filed?	4		<u> </u>
6	Did the organization have members or stockholders?	. 5		X
7	a Did the organization have members, stockholders, and the	6		X
	Ta Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders.	··· _ <u>~</u>		
	b Are any governance decisions of the arganization	7a	,	x
			'- 	 ^
8	Did the organization contemporaneously document the meetings held or written actions undertaken	71		1 37
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	' 	X
	The governing body? Each committee with authority to act on behalf of the governing body?			
	b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A. when	<u>8a</u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u>8b</u>	—	<u> </u>
Co	organization's mailing address? If "Yes," provide the names and addresses on Schedule O ction B. Policies (This Section B requests information about policies not required by the Automatical Section B.	1	İ	
Sei	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 9		<u> </u>
	- Squite by the internal nevenue Code.)			~ , _
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities.		Yes	No
b	of "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	. 10a	X	1
	and branches to ensure their operations are consistent with the organization's assertions are consistent with the organization's assertions.	j		
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review the process.	. 10b	X	1
b	Describe in Schedule O the process if any used but he are the difference of its governing body before filling the form?	11a		
12a	Did the organization have a written conflict of interest policy. (2011)			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliances with the	12a	x	
c	Did the organization regularly and consistently monitor and authors microsis trial could give rise to conflicts?	12b	Х	
	in Schedule O how this was done			
13		12c	х	ĺ
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a region and	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	1-4	-22	, 12 to 12
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
b	The country of the co	_	77	Par III i
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instruction)	15a	X	
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
ioa	and the organization invest in, contribute assets to, or participate in a joint want was a sixty			
			1	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		X
		1 1		4.4
	exempt status with respect to such arrangements?	[. [
Sect	ion G. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶IL	·		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply			
1	for public inspection. Indicate how you made these available. Check all that apply.	s only)	availal	ole
	Own website Another's website Tyles	-,		-
19 [Describe on Schedule O whether (and if so, have the control of the			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	d financ	ici	
20 5	State the name, address, and tolonk are seen to be a seen to be a seen to be possessed to be a seen to be possessed to be a seen to be possessed to be a seen to be possessed to be a seen to be possessed to be a seen to be possessed to be a seen to be possessed to be a seen to be possessed to be a seen to be possessed	- midiiC	ıaı	
(State the name, address, and telephone number of the person who possesses the organization's books and records			
	2019 JOHNSON BOAD CENTRAL	——		
	2019 JOHNSON ROAD, GRANITE CITY, IL 62040			

19

20

Form 990 (2019)	MOSAIC	PREGNANCY	& HEALTH	CENTERS	37-1218460	
Part VII Compensatio	n of Officer	s, Directors, Trus	stees, Key E	mplovees. High	est Compensated	Page
Employees, a	nd independ	dent Contractors	3		iout compensated	

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 efficace directors directors.
- 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.

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

Check this box if neither the organization i	nor any related	org	aniz	atio	n cc	mp	ensa		director, or trustee.	
(A) Name and title	(B) Average hours per week	1 ba	o not x, unk ficer a	chack ess n	arson	e thai	sth a	companeation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual	institutional trustee	Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KATHY LESNOFF PRESIDENT/CEO	40.00	X		x				105 200		
(2) RICH BERSETT	2.70	^	 	Δ	 	-	-	105,392.	0.	0.
CHAIRMAN		x		x				0.	0.	0.
(3) CAROL COVINSKY	2.70								0.	
MEMBER	0.70	X	<u> </u>			_		0.	0.	0.
(4) DAVID PARTNEY MEMBER	2.70	х						0.	0.	0.
(5) MICHELLE RAHM SECRETARY	2.70	x		x				0.	0.	0.
(6) SUSAN PETERSEN MEMBER	2.70	x						0.	0.	0.
(7) ASHLEY HUNSAKER MEMBER	2.70	Х						0.	0.	0.
		-								
									,, ,,	1914
										. 1984 Manage
										7/11
									V100+0×0	1477
-										
-							1			**************************************

uiet	nganization, Report compensation for the calenda	r year ending with or w	ithin the organization's tax year.	
	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
<u></u>				
·····				
2 Total \$100	number of independent contractors (including but ,000 of compensation from the organization	not limited to those lis	ted above) who received more than	

Form 990 (2019) MOSAIC PREGNANCY & HEALTH CENTERS
Part VIII Statement of Revenue

		Check	if Schedule C	contains a	a response	e or note to any fir	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
ıts	1ts	a Federated	campaigns		1a	7/4 (MA MA			300110113 312 - 31	
Contributions, Giffs, Grants	ğ	b Membersh							·	:
υ v	Ė		g events			523,646.				
#	ä	d Related or	ganizations	************	1d	343,040.			la	
S,	Ē		nt grants (con		1e					
<u></u>	2		tributions, gifts	•						
ä.	E E		unts not include		1 _{1f}	257,387.				
<u> </u>	5		ibutions included i		1g \$	41,205.		114.		
Ö	2					41,405.	501 000	* * *		
<u> </u>	-	ii Total. Add	lines 1a-1f				781,033.			
41		_				Business Code		***************************************		-
<u>,ö</u>	2									
ě	3									
E 8	Ē		7,5							
E G	2	d								
Program Service		e	···							
ш.		f All other pr	ogram service	revenue						
	-	g Total, Add	lines 2a-2f							
	3	Investment	income (inclu	ding divide	nds, intere	est, and				
		other simila	r amounts)			🕨	524.	524.		
	4	Income from	n investment d	of tax-exem	pt bond p	roceeds 🕨				
	5	Royalties	******************							
					Real	(ii) Personal				
	6	Gross rents		6a						
	1	Less: rental		6b			.	.*		
		Rental inco		6c						
			come or (loss		*****					· · · · · · · · · · · · · · · · · · ·
		Gross amoun			curities	(ii) Other				*
			han inventory	7a		(1) 5 4 151				
	1	Less: cost or	•						official and a state of the sta	
ě			enses	7b						
ē	١.		s)							
Revenue			loss)							
<u>6</u>	۵	Gross income	from fundraisir	ra avente (ex	. []					
Other	"		523							
•					1 1	İ		2.7		
			s reported on							
	١.	Part IV, line	18		<u> 8</u> a	0.				
	l t		expenses			78,680.				
			or (loss) from f			<u> </u>	-78,680.			-78,680.
	9 a		e from gaming							
	_	Part IV, line	19	• • • • • • • • • • • • • • • • • • • •	<u> 9a</u>			1	•	
			expenses			 				
			or (loss) from g		vities	<u> </u>				
	10 a		of inventory, le							
		and allowand	es	• • • • • • • • • • • • • • • • • • • •	10a					
			goods sold						·	
_	c	Net income o	or (loss) from s	ales of inve	entory					
તુ [A				Business Code				
j e	11 a	OTHER	LNCOME			900099	474.	474.		
Revenue	b									
è	c		~~~							
-			nue							· ·
	e		es 11a-11d .			🕨	474.			
	12	Total revenue.	See instruction	s		🛌	703,351.	998.	0.	-78,680.
32000	01-20	-20								orm 990 (2019)

Form 990 (2019) MOSAIC PREGNANCY & HEALTH CENTERS Part IX Statement of Functional Expenses	37
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete columns	ros //1

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
	and domestic governments. See Part IV. line Od				E E E E E E E E E E E E E E E E E E E
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			1	
3	Grants and other assistance to foreign			<u> </u>	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	**************************************		· · · · · · · · · · · · · · · · · · ·	
	trustees, and key employees	105,392			
6	Compensation not included above to disqualified	100,092		<u>105,392.</u>	
	persons (as defined under section 4958(f)(1)) and				***
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	240,082	200 210		
8	Pension plan accruals and contributions (include	240,002	208,318.	16,132.	<u> </u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	*** ** ***			
1	Fees for services (nonemployees):	······································			
а	Management				
b	Legal		<u> </u>		
¢	Accounting				
ď	Lobbying		<u></u>		
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 O.)	6,782.	2 100		
2 .	Advertising and promotion	6,383.	$\frac{2,182.}{6,303}$	4,600.	
3	Office expenses	24,228.	6,383.		
1 1	nformation technology	<u></u>	24,228.		
5 1	Royalties				
) (Decupancy	16,605.	16 605		
7	ravel		16,605.		
3 F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
(Conferences, conventions, and meetings				
	nterest				
F	ayments to affiliates				
	epreciation, depletion, and amortization	16,003.	······································	16.000	
	nsurance	11,772.	11,772.	16,003.	
0	ther expenses, Itemize expenses not covered		11,//2.		· · · · · · · · · · · · · · · · · · ·
a: lii	DOVE (List miscellaneous expenses on line 24e. If				
a	nount, list line 24e expenses on Schedule 0.)				
a F	ARENTING DONATION EXPE	41,205.	41,205.		
	UPPLIES	10,097.	10,097.		
	ELECOMMUNICATIONS	8,969.	8,969.		· · · · · · · · · · · · · · · · · · ·
	EDERAL GRANT EXPENSES	7,937.	7,937.		10.00
	I other expenses	24,778.	24,778.		
	ital functional expenses. Add lines 1 through 24e	520,233.	362,474.	142,127.	15 600
Jo	int costs. Complete this line only if the organization			<u> </u>	15,632.
re	ported in column (B) joint costs from a combined	[
ed	ucational campaign and fundraising solicitation.	1			
Ch	eck here if following SOP net 2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 1 67,771. 252,802. Savings and temporary cash investments 1 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Inventories for sale or use Prepaid expenses and deferred charges 4,081. 9 7,568. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 453,825. b Less: accumulated depreciation _______10b 319.843. 148,468. 10c 133,982. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets _____ 14 133. 14 Other assets. See Part IV, line 11 15 <u>13</u>,750. 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 234,203. 394,419. 16 Accounts payable and accrued expenses 17 23,285. 17 <u>14,133.</u> Grants payable 18 18 Deferred revenue _____ 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D <u>13,750.</u> Total liabilities. Add lines 17 through 25 26 37.035. Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 197,168. 290,734. Net assets with donor restrictions 28 89,552. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 32 <u>197,168.</u> 32 380,286. Total liabilities and net assets/fund balances 234,203. 394,419.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

За

Зb

X

SCHEDULE A

Department of the Treasury

Internal Revenue Service

12

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MOSAIC PREGNANCY & HEALTH CENTERS 37-1218460 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? organization (doscribed on lines 1-10 support (see instructions) Yes support (see instructions) above (see instructions)) No

Schedule A (Form 990 or 990 EZ) 2019 MOSAIC PREGNANCY & HEALTH CENTERS 37-1218460 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.)

<u>S</u> €	ection A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	/-1 0010	
1	Gifts, grants, contributions, and				(0) 2010	(e) 2019	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	512,859.	502,765.	675,045	575,936	781,507.	
2	Tax revenues levied for the organ-	1			0,0,00	701,307.	3,048,112
	ization's benefit and either paid to		1	1			
	or expended on its behalf				j		
3	The value of services or facilities					·	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	512,859.	502,765.	675,045.	575,936.	781,507.	
5	The portion of total contributions			7,0,0	313,330.	701,307.	3,048,112
	by each person (other than a						
	governmental unit or publicly					Lightness and	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			,:			
	column (f)						
6	Public support. Subtract line 5 from line 4.		··				<u>779.</u>
Sec	ction B. Total Support						3,047,333,
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(1) 0040		
	Amounts from line 4	512,859.	502,765.	(c) 2017 675, 045.	(d) 2018	(e) 2019	(f) Total
8	Gross income from interest,		304,703.	0/3/043.	<u>575,936.</u>	781,507.	3,048,112.
	dividends, payments received on		1	İ			
	securities loans, rents, royalties,	•	į				
	and income from similar sources	92.	84.	120	460		
	Net income from unrelated business		04.	130.	462.	524.	<u>1,292.</u>
	activities, whether or not the			į			
	business is regularly carried on				i		
	Other income. Do not include gain		- - -				
	or loss from the sale of capital	1					
	assets (Explain in Part VI.)				İ		
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, e	to (000 instruction					3,049,404.
13	First five years. If the Form 000 is for the	to, (see instruction	18)			12	
	First five years. If the Form 990 is for the	ne organization's t	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
Sec	organization, check this box and stop t tion C. Computation of Public	Support Per	`entage				>
14	Public support percentage for 2019 /lin	e 6 column (6 divi	dod by the da				
15	Public support percentage for 2019 (line	chedule A. Bort II	ded by line 11, co.	umn (f))			99.93 <u>%</u>
16a (Public support percentage from 2018 S	soriection did not	, IIII e 14			15	99.74 %
	33 1/3% support test - 2019, If the org	anzalion ulu nol	crieck the box on i	ine 13, and line 14	1 is 33 1/3% or mo	ore, check this box	and
h s	stop here. The organization qualifies as	a publicly suppor	ted organization			• • • • • • • • • • • • • • • • • • • •	►LXJ
~ `	o non support test - 2010. If the oly	ianization ulu not (check a box on lini	9 13 or 16a and li	no 15 io 22 17207 i		•
17a 1	and stop here. The organization qualified	s as a publicly su	pported organizati	on			▶□
114	1070 "Idots-and-circumstances test -	20 19. II the organ	lization did not che	ack a box on line 1	13 16a or 16h an	d line 14 is 1004 as	
n	and if the organization meets the "facts-	and circumstance	s" test, check this	box and stop her	re. Explain in Part	VI how the organiza	tion
- 1	ugers the lacts and circumstances, to	st. The organizatio	n qualifies as a pu	blick supported a	rganization		
	on macis-and-chicumstances test -	2018. If the organ	ization did not che	ck a box on line 1	3.16a 16b or 17	a and line 15 is 100	% or
- 11	nore, and it the organization moets the	"tacts-and-circums	stances" test, chec	k this box and et	on hara Evoluin ir	Dort M bounds	
10 T	rganization meets the "facts-and-circum	nstances" test. Th	e organization qua	ilifies as a publicly	supported organi	zation	
10 P	rivate foundation. If the organization of	iid not check a bo	x on line 13, 16a,	16b, 17a, or 17b, o	check this box and	i see instructions	>
						ile A (Form 990 or	990-EZ) 2019

(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.)

Section	on A. Public Support	ociow, picase con	прото нап п.)	·			
Calenda	r year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	1.0040	
1 Gif	fts, grants, contributions, and				(u) 2018	(e) 2019	(f) Total
me	embership fees received. (Do not	1		1			
inc	lude any "unusual grants.")						
2 Gro	oss receipts from admissions.		— <u> — </u>				
me	rchandise sold or services per-						
	med, or facilities furnished in activity that is related to the						
ora	anization's tax-exempt purpose			1			
	oss receipts from activities that						
	not an unrelated trade or bus-		1				
	ss under section 513				İ		
	revenues levied for the organ-		 				
	ion's benefit and either paid to			ļ			
							_
	expended on its behalf		ļ	<u> </u>			1
				1	1		
	nished by a governmental unit to					1	
	organization without charge						
	al. Add lines 1 through 5						
	ounts included on lines 1, 2, and	: !	1				
	ceived from disqualified persons						
	unts included on lines 2 and 3 received			***		· · · · · · · · · · · · · · · · · · ·	
	other than disqualified persons that ad the greater of \$5,000 or 1% of the		1				
amou	nt on line 13 for the year	i			i		
c Add	lines 7a and 7b						
_8 Pub	lic support. (Subtract line 7c from line 6.)						
Section	n B. Total Support					<u> </u>	
Calendary	year (or fiscal year beginning in)	(a) 2015	(b) 2016	(-) 0017	T		*****
	unts from line 6		(0) 2010	(c) 2017	(d) 2018	(e) 2019	(f) Total
10a Gros	ss income from interest.		¬			ļ.,	
divid	lends, payments received on	İ					
secu and i	rities loans, rents, royalties, income from similar sources						
	ated business taxable income					ļl	
	section 511 taxes) from businesses						
acoui	red after June 30, 1975					1	
o Addi	lines 10a and 10b						
11 Netin	ncome from unrelated business						
activi	ities not included in line 10b,						
wheti	her or not the business is						
	arly carried on						
orlos	r income. Do not include gain						
asset	ts (Explain in Part VI.)						
13 Total	Support. (Add lines 9, 10c, 11, and 12.)						
14 First	five years. If the Form 990 is for t	he organization's f	first, second, third	fourth, or fifth tax	x vear as a sectio	n 501(c)(3) organizat	tion
CHECK	ctriis box and stop here				a your do a bootio	ii oo ilojoj organizar	
0000011	o. computation of Fubile	oupport rere	centage			4 - 4 4 - 4 4 4 4 4 4 4 4 4 4 4 4 4	·····
15 Public	support percentage for 2019 (lin	e 8, column (f), div	ided by line 13. co	olumn (fl)		15	
16 Public	support percentage from 2018 S	ichedule A. Part III	l. line 15			16	
Section	D. Computation of Invest	ment Income	Percentage			1 10	%
17 Invest	tment income percentage for 2019	(line 10c. column	(f) divided by line	13 column (ft)	***		
18 Invest	tment income percentage from 20	18 Schedule A. P.	art III ling 17	. 10, 001011111 (1))	***************************************	17	%
19a 33 1/3	3% support tests - 2019. If the or	ganization did not	t check the have an	line 14 and the	(E to =	18	%
more t	than 33 1/3%, check this box and	ston hore. The ex-	ranization austre-	ane ia, and line :	io is more than 3	ও 1/3%, and line 17	is not
b 33 1/3	% support tests - 2019 If the or	nanization did	yanzanon qualite	s as a publicly sup	pported organiza	tion	▶∟⅃
ina 19	3% support tests - 2018. If the or	ganzadon dia 1101	crieck a box on li	10 14 or line 19a,	and line 16 is mo	re than 33 1/3%, and	d
20 Private	B is not more than 33 1/3%, check	uns nox and stop	nere. The organiz	cation qualifies as	a publicly suppo	rted organization	>
TO LIIAGE	e foundation. If the organization of	no not check a bo	ox on line 14, 19a,	or 19b, check this	box and see ins	tructions	>

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.)

***************************************		Ye	s	No
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trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3a

Sch	nedule A (Form 990 or 990-EZ) 2019 MOSATC PREGNANCY & HEA	LTH C	ENTERS	37-1218460 Page 6
_	13po in Non 1 directionally integrated 509(a)(3) Supporti	ing Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (oxplain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must o	complete §	Sections A through E.	
Sec	tion 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		
		1 8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	instructions for short tax year or assets held for part of year):	ŀ		
a	Average monthly value of securities	1a		· · · · · · · · · · · · · · · · · · ·
<u> b</u>	Average monthly cash balances	1b		
Ç	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	-		ra Migratino de del guerramentos
2	Acquisition indebtedness applicable to non-exempt-use assets	2		The second secon
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.			
7	Recoveries of prior-year distributions	6		NA
8	Minimum Asset Amount (add line 7 to line 6)	7		***************************************
	on C - Distributable Amount	8		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)			
2	Enter 85% of line 1.	1 1		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	2		WHAT THE PARTY OF
4	Enter greater of line 2 or line 3.	3		
***********	Income tax imposed in prior year	4		······································
		5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6	 Bether Edit 1 in the 	
7	Check here if the current year is the organization's first as a non-functionally	y integrate	d Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 MOSAIC PREGN. Part V Type III Non-Eunctionally Integrated 50	ANCY & HEALTH (CENTERS	37-1218460 Page 7
1 • 3 pe in redi-1 directionally integrated 50	9(a)(3) Supporting Org	anizations (continued	/)
Section D - Distributions		To absorbe the second s	Current Year
1 Amounts paid to supported organizations to accomplish ex	empt purposes		Guittin rea
2 Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
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 to	the organization is responsive		
(provide details in Part VI). See instructions.	and digamentation is responsive	;	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
moo amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reason-	***************************************		
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount	: "	· · · · · · · · · · · · · · · · · · ·	
i Carryover from 2014 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D,			A CONTRACT OF THE PROPERTY OF
line 7: \$		*.	
a Applied to underdistributions of prior years	22.00		The Time of the Section of the Secti
b Applied to 2019 distributable amount		······································	11 45 pt 12 pt 145 4 4 5 pt 145 4 5 pt 1
c Remainder. Subtract lines 4a and 4b from 4.			11 1 (41 81.42) 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
and 4h from the 1. For year the			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			The state of the s
d Excess from 2018	**************************************		

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018 e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 MOSAIC	PREGNANCY &	HEALTH CENT	PERS	37-1218460 Page
Part VI	Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V, (See instructions.)	vide the explanations re , 4c, 5a, 6, 9a, 9b, 9c, 11 Part IV Section E. lines	quired by Part II, line 10 a, 11b, and 11c; Part I	0; Part II, line 17a or 1 V, Section B, lines 1 a	7b; Part III, lino 12; nd 2; Part IV, Section C,
		The second secon	nga menakantak di ammayang ang sandakantik anan namang ni pintaga any menakantikan ini yari sarap.	19:	
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

<u>M</u>	37-1218460				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 501(content of the section	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or			
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from			
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a Itions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educa ty to children or animals. Complete Parts I, II, and III.	ny one contributor, during the tional purposes, or for the			
year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled motere the total contributions that were received during the year for an exclusively religious, applete any of the parts unless the General Rule applies to this organization because it respectively, contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc., ceived <i>nonexclusively</i>			
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on its For ne filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF).	m 990, 990-EZ, or 990-PF), m 990-PF, Part I, line 2, to			

Employer identification number

MOSAIC PREGNANCY & HEALTH CENTERS

37-1218460

Part II	Noncash Property (see instructions). Use duplicate copies of I		7 1210400
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule	В	(Form	990,	990-EZ,	or	990-PF)	(2019

Page 4

Name of organization

Employer identification number

MOSAIC Part III	C PREGNANCY & HEALTH (Exclusively religious, charitable, etc., contril from any one contributor. Complete columns	sufficient to an experience of the second	section 501(c)(7) (8) or (1)	37-1218460				
•	from any one contributor. Complete columns completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	OOO 12 to construction of ald the classical al	ontry. For organizations or less for the year, (Enterthis into, o	nce.) > \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
	Transferee's name, address,	(e) Transfer of gi						
			Relationship of tr	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferor							
	and of the first and the same a	IUZIF + 4	Relationship of tran	sferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ption of how gift is held				
	Transferee's name, address, an	(e) Transfer of gift d ZIP + 4	Relationship of trans	sferor to transferee				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MOSAIC PREGNANCY & HEALTH CENTERS

Employer identification number 37-1218460

to the degralatedon inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II	L	art I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Acc	counts. Complete if the
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 of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets hold in donor advisor during the control? 5 Did the organization inform all donors and donor advisors in writing that the assets hold in donor advisor during the control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforting imperimisable private benefit? Part II Conservation Easements Question Preservation of any form of the for public use (for example, recreation) Preservation of a historically important land area Preservation of pan apace Protection of neutral habitat Preservation of pan pance Preservation of pan pance Preservation of pan pance Preservation of pan pance Preservation of pan pance Preservation of pan pance Preservation of pan pance Preservation of pan pance Preservation of pan pance Preservation of pan pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preservation of pance Preserv		organization answered "Yes" on Form 990, Part IV, lin	The state of the s		
A Aggregate value of contributions to (during year) Aggregate value of prants from (during year) Aggregate value at end of year Did the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitate purposes and rot for the benefit of the donor or donor advisors or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2 atmosp? 3 of if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements included in (a) eace and the preservation of conservation easements and the preservation of conservation easements included in (b) eacquired after 725/06, and not on a historic structure issed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation, inspecting, inspection, handling of violations, and enforcing conservation easements during the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in his revenue and expenses statement and balance sheet works of art, historical treasures, or other	4	Total number at and efficient	(a) Donor advised funds	(b) l	unds and other accounts
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Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes		year -		- urgarınzanı	on doing the tax
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes	4	Number of states where property subject to conservation ease	ement is located >		
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\Begin{array}{c} \sqrt{\text{Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\Begin{array}{c} \sqrt{\text{Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\Begin{array}{c} \sqrt{\text{Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\Begin{array}{c} \sqrt{\text{Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\Begin{array}{c} \sqrt{\text{Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\Begin{array}{c} \sqrt{\text{Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\Begin{array}{c} \sqrt{\text{Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\Begin{array}{c} \sqrt{\text{Nn} of the footnote to line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii) \$\text{Possible in Part XIII the text of the footnote to the footnote to the organization education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Rovenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part	5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
Starr and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ***		violations, and enforcement of the conservation easements it h	holds?		Ves No
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Some conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?	6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con-	servation ea	sements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1					
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easeme	ents during the year
and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1					and during the year
and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(b)(A)(B)(i)	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 rolating to these items: a Revenue included on Form 990, Part VIII, line 1		and section 170(h)(4)(B)(ii)?	,	(·)(·)(·)	□v _o , □v _o
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Organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		balance sheet, and include, if applicable, the text of the footno	te to the organization's financial stateme	ante that do	soribon the
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		organization's accounting for conservation easements.			
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:		of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of	nublic
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		service, provide in Part XIII the text of the footnote to its financi	al statements that describes these item	e	public
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	b	If the organization elected, as permitted under FASB ASC 958.	to report in its revenue statement and h	u. Valanca obce	ot morten of
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		art, historical treasures, or other similar assets held for public ex	xhibition education or research in furth	oranon of n	while coming
(ii) Revenue included on Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		provide the following amounts relating to these items:	amended addation, or research in faith	erance or pu	ibiic service,
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1					d [*]
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		(ii) Assets included in Form 990. Part X	***************************************	>	5
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1			trae or other similar f- re		5
a Revenue included on Form 990, Part VIII, line 1	-	the following amounts required to be reported under FASE ASC	1958 relating to those Heres	gain, provid	e
b Assets included in Form 990, Part X	а	Revenue included on Form 990, Part VIII. line 1	coordaing to trese tems;		Φ.
	b	Assets included in Form 990, Part X	•••••	🟲 🦠	

	art III Organizations Maintaining C	PREGNANCY	& I	IEALTH	CENTER	S		37-1	21846	0 Page 2
	- S	ollections of A	Art, H	listorical T	reasures	, or Otl	her S	imilar Ass	etsmoni	nued)
3	using the organization's acquisition, accession	on, and other recor	ds, ch	eck any of th	e following t	hat make	signif	icant uso of	ts	
	collection items (check all that apply):				_		4*			
a		Í	d 🗀	Loan or ex	change pro	aram				
b	,	(e [Other		_		The state of the s		
C										
4	Provide a description of the organization's co	llections and expla	in hov	v they further	the organiza	ation's ov	amnt i	numaea ia D	net VIII	
5	During the year, did the organization solicit or	receive donations	of art	historical tre-	agurae or o	thar aimil	0,000	ata	AIT AIII.	
1	to be sold to raise funds rather than to be ma	intained as part of	the or	ganization's c	collection2			Г	Yes	
Pa	TENES ESCIOW and Custodial Arrang	gements. Compl	lete if t	he organizati	on answere	d "Yee" o	n Ford	n 000 Dart II	I res	No
	reported an amount on Form 990, Part	t X, line 21.		J		. 100		11 000, I-ait (·, iii ie 9, 0i	
1a	Is the organization an agent, trustee, custodia	an or other interme	diary f	or contributio	ns or other:	assets no	at inclu	dod	·	·
	on Form 990, Part X?				0. 0. 0. 0.	addeta ne	i iiicid	r F	⁻ 1 v.	\Box
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowin	a table:	**************		••••••	ـــ ــــــــــــــــــــــــــــــــــ	Yes	L No
	-	•		g .ab.o.			Γ			***************************************
С	Beginning balance						_ 		Amount	
d	Additions during the year		• • • • • • • • • • • • • • • • • • • •	******************	***************	•	····	1c		
е	Distributions during the year		• • • • • • • • • • • • • • • • • • • •	******************	*************	•	····	1d		
f	Ending balance	***************************************		***************************************		• • • • • • • • • • • • • • • • • • • •	···-	1e	·	
2a	Did the organization include an amount on For	rm 990 Part Y line			·····		∟	1f		
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the as	volana	tion has been	ustodiai acc	ount liab	nity?	∟	Yes	No
Pai	rt V Endowment Funds. Complete if t	the organization an	Plana	d "Yee" on Co	provided o	n Part XII	1	**!*********		<u> </u>
		(a) Current year							Т	
1a	Beginning of year balance	tu) ouncin year		Prior year	(c) 1wo ye	ars dack	(d) 111	ree years back	(e) Four	years back
b	Contributions								 	
-	Net investment earnings, gains, and losses			*****	ļ				 	····
d	Grants or scholarships			744	***************************************				ļ	
_	Other expenditures for facilities									
				i						
ŧ	and programs Administrative expanses				·				ļ	
	Administrative expenses				ļ					
9 2	End of year balance								<u> </u>	
_	Provide the estimated percentage of the currer	nt year end balance		1g, column (a	i)) held as:					
	Board designated or quasi-endowment		_%							
D	Permanent endowment ► Term endowment ► %	%								
	The percentages on lines 2a, 2b, and 2c should									
зa	Are there endowment funds not in the possess	ion of the organiza	tion th	at are held ar	nd administe	ered for t	he orga	anization	_	
	by:								<u> Y</u>	es No
	(i) Unrelated organizations			*************					3a(i)	
	(II) helated organizations								2000	
D	ii res on line sa(ii), are the related organizatio	ins listed as require	ed on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the or	ganization's endov	vment	funds.						
Parl										 ,
-	Complete if the organization answered "			V, line 11a. Se	e Form 990), Part X,	line 10).		
	Description of property	(a) Cost or oth		(b) Cost o		(c) Ac	cumul	ated	(d) Book v	/alue
		basis (investme	ent)	basis (c		dep	reciati	on		
	Land				0,000.				20	,000.
ַ מ	Buildings	 			3,172.			215.	79	,957.
	Leasehold improvements			41	L,149.	~~-		426.		723.
	Equipment				1,392.			613.	20	779.
	Other			115	7,112.	1	14,	589.		523.
otal.	Add lines 1a through 1e. (Column (d) must equa	ai Form 990, Part X,	colun	nn (B), line 10	<i>(c.)</i>	*******		🕨	133	<u>982.</u>

Schedule Part VI	D (Form 990) 2019 MOSAIC PREC I Investments - Other Securities.	SNANCY & HEAL'	TH CENTERS	37-1218 4 60 Pag
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	a 11h See Form 000 Bort V lies 10	
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	and-of-voar market value
	cial derivatives		(o)	ond-or-year market valide
-	y held equity interests			
3) Other	,			***************************************
(A)	11000			
(B)	4.10			
(C)				74477444
(D)				
(E)	7. Table 1.			### · · · · · · · · · · · · · · · · · ·
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)		***************************************	
art VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	110 Con Form 000 Deat V 15 40	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	ind-of-year market value
(1)			(e) manage of valuation. Oost of c	nd or year market value
(2)		7.7		
(3)			1-1/2	
(4)				
(5)				
(6)			1100	
(7)				
(8)		**************************************		N. P. COLONIA D. L.
(9) _/O)			1944	
	b) must equal Form 990, Part X, col. (B) line 13.)	***************************************		
art IX	Other Assets.			
<u> </u>		on Farm 000 Dark N/ Bar	ddd Oss Essa oog Dawy is	
	Complete if the organization answered "Yes"	Description	Trd. See Form 990, Part X, line 15.	<u> </u>
(4)	(a) L	2630nption		(b) Book value
(1)				<u> </u>
(2)	17,000			
(3)				
(4) (5)	91 - 94 - 70 - V - 10 - V - 100 - V		494-44	
(5) (6)		***************************************	***************************************	
(6)				
(7)	7-4-40-1		70.000	
(8)			The state of the s	
(9)				
tal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	15.)	·······	-
art X	Other Liabilities.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
	(a) Description of liability			(b) Book value
441	eral income taxes			
(2)				
(2) (3) (4)		24-25-2		

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

(6) (7) (8) (9)

	art XI Reconciliation of Revenue per Audited Financial Statements With Revenu	37-1	218460 Page
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	e per neturn.	
. 1	Total revenue gains and other support our such at the state of the sta		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u>782,031</u>
ā	a Net unrealized gains (losses) on investments		
i	bonated services and use of facilities		
c	Recoveries of prior year grants 20		
c	d Other (Describe in Part XIII.)		
€	Add lines 2a through 2d Subtract line 2e from line 1	,680.	
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 4	2e	<u>78,680</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	<u>703,351</u>
а	Investment expenses not included on Form 900. Part VIII, line 75		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		
5	Total revenue, Add lines 3 and 4c. (This must equal Form 000, Dard I fine 40)		0
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	5	703,351
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		l.
1	Total expenses and losses per audited financial statements	1	500 012
2	7 and arts included on line 1 but not on Form 990, Part IX, line 25:		598,913
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses 2c 2c		
đ	Other (Describe in Part XIII.)	680.	
e	Add lines 2a through 2d Subtract line 2a from line 1	000.	50 400
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not an line 1	<u>2e</u>	78,680
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	520,233
а	Investment expenses not included on Form 900, Part VIII, time 75		
b	Other (Describe in Part XIII.) 4a 4b		
С	Add lines 4a and 4b		
		4c	0.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.	5	<u>520,233.</u>
lines 2	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4; Part X, li	ne 2; Part XI,
<u>Par</u>	t X, Line 2:		
<u>The</u>	Center adopted the provisions of Accounting for Uncer	ctainty i	n Income
<u>Tax</u>	es on January 1, 2011. The adoption of that guidance	resulted	in no
	nge to the financial statements for prior periods. As		
201	9, no amounts have been recognized for uncertain tax p	ositions	The
Cent	ter's tax returns filed prior to fiscal 2016 are close	ed.	
D. m. end	W.T. T.L. O.J. O.J. O.J.		
Part	t XI, Line 2d - Other Adjustments:		
FUNI	DRAISING EXPENSES NETTED WITH REVENUE		78,680.
Part	XII, Line 2d - Other Adjustments:		
FUNE	DRAISING EXPENSES NETTED WITH REVENUE	· · ·	ma
932054 1			<u>78,680.</u>
		Schedule D	(Form 990) 2019

Schedule D	(Form 990) 2019	MOSAIC Information (cont	PREGNANCY	& HEALTH	CENTERS	37-1218460 Page
	Supplemental	intermation (cont	inued)			The state of the s
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SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2019

Name of the organization	2-1-1-1-1	100100	13 (11)	d the latest miorma	uon.	Employer ide	entification number
MOSAIC PR	EGNANCY & HEAL	тн св	ייית:	ERS		37-1218	
Part I Fundraising Activities. Correquired to complete this part.	mplote if the organization ans	swored "\	os" c	on Form 990, Part IV,	line 1	17. Form 990-E	Z filers are not
Indicate whether the organization raised	funds through any of the follo	wing noti	wition	Chook all Mark and a			
a Mail solicitations	e Solic	itation of	ขอก-ส	. Oneck all that apply government grants	<i>'</i> .		
b Internet and email solicitations	f Solic	itation of	gove	rnment grants			
c Phone solicitations	g Spec	ial fundra	aisina	events			
d In-person solicitations							
2 a Did the organization have a written or or	al agreement with any individi	ual (includ	ding o	officers, directors, tru	stees	. or	
key employees listed in Form 990, Part \	(II) or entity in connection with	n profess	ional	fundraising sandoes	2	[] v	s 🔲 No
b if "Yes," list the 10 highest paid individua	als or entities (fundraisers) pu	rsuant to	agre	ements under which	the fu	ındraiser is to t	ое
compensated at least \$5,000 by the org	anization.						
(i) Name and address of individual		(iii)	Did	700	(v)	Amount paid	
or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con	alser istody	(iv) Gross receipts	i to (o	r retained by)	(vi) Amount paid to (or retained by
(======================================		or con contribu	trol of Itions?	from activity	list	fundraiser ed in col. (i)	organization
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No				
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Total			_				
3 List all states in which the organization is re	egistered or licensed to colicit		<u> </u>				
or licensing.	Supresed of licensed to solicit	CONTRIBU	nons (or has been notified	it is e	xempt from reg	gistration
		·	****		-	7.77.4.1.1	77 MANAGE PG. C.
							
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_HA For Paperwork Reduction Act Notice, se	e the Instructions for Form	990 or 99	0-EZ	. Sc	hedu	le G (Form 990	or 990-EZ) 2019

So	hed art		HIM ORGANIZAHAN ANGWARA	Id "Vaa" as Cares aan aan m.		
_		of fundraising event contributions and	gross income on Form 99	0-EZ, lines 1 and 6b. t ist	everts with proce recei	r more man \$15,000
		-	(a) Event #1	(b) Event #2 CHANGE FOR	(c) Other events	(d) Total events
			BANQUET	LIFE	3	(add col. (a) through
<u>a</u>	3		(ovent type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	292,897.	80,599.	150,150.	523,646.
	2	Less: Contributions	292,897.	80,599.	150,150.	523,646.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				ARTICLE AND ARTICL
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Entertainment Other direct expenses	60,308.	C 001		
	10				12,171.	78,680.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			78,680.
Pa	irt [ir Garring. Complete it the organization	answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	-78,680.
	_	\$15,000 on Form 990-EZ, line 6a.		****		
e e			(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
Revenue				bingo/progressive bingo	(o) other garring	col. (a) through col. (c))
ď	1	Gross revenue				
nses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % _ No	Yes%	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	***************************************	>	
_						
9	Ente	r the state(s) in which the organization conduc	ots gaming activities:		···	
b	If "N	e organization licensed to conduct gaming act o," explain:	livities in each of these st	ates?		Yes No
10-	More	any of the organizations are the transfer				
b b	rvuic If "Yo	o any of the organization's gaming licenses rev es," explain:	оке d, suspended, or terr	ninated during the tax ye	ar?	Yes No
						1991
32082	00-1	1-19			Schodulo C /Form	990 or 990-FZ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 MOSAIC PREGNANCY & HEALTH CENTERS	<u>37-121</u> 8	8460) Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	L No
12	is the organization a grantor, beneficiary or trusted of a trust, or a member of a partnership or other entity formed			Landar I V
	to administer charitable gaming?		lvac	
	indicate the percentage of gaming activity conducted in:			1
ŧ	a The organization's facility	100	.1	c
E	An outside facility	138		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<u> 130</u> 3:	<u> </u>	
	Name ►			
	Address >			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue reteined by the Abdulant Section	it		
С	of gaming revenue retained by the third party \$\bigs\sum_{\text{and the amount}} \text{and the amount} If "Yes," enter name and address of the third party:			
	Name ►			

16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	•			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a i	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
ı		П,	,	
	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	۱ السلم ، ا	res	L No
	organization's own exempt activities during the tax year > \$	16		
Par	tiV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and			
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III, line	es 9, 9	b, 10b,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.			

				<u>.</u>
		- nrar-1		

Schedule G (Form 990 or 990-EZ) MOSAIC Part IV Supplemental Information (co	C PREGNANCY	& HEALTH	CENTERS	37-1218460 Page
Eart IV Supplemental Information (co	ntinued)	**************************************	b species on the second second second second second second second second second second second second second	
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

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

Department of the Treasury

Part I

MOSAIC PREGNANCY & HEALTH CENTERS

Employer identification number 37-1218460

Schedule J (Form 990) 2019

				· r · · · · · · ·
18	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	Γ	Yes	No
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1	1	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		1	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	To do that solvices (such as maid, chauffeur, cher)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			·
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1b	 	-
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
	The result of th	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			(1) (1)
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Third employment contract	\$45.60 FB		1
	Form 990 of other organizations X Approval by the board or compensation committee	1		
4	During the year did any person listed on Form 900. Best VIII. Constitute & III.	dani ini		1.
7	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			i. De la Fili
_	Parather and the second of the			
id h	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	and the state of t	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	O.L. II FOAT NOV FOAT NAME OF THE PARTY OF T			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	200		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	145.5		
	contingent on the revenues of:	A STATE		
a	The organization?	5a		X
b	Any related organization?	5b		X
	ir resion line balor bb, describe in Part III.	0.000		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			100 pt
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			White
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	il Abrica		N. C
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)2			4

MOSAIC PREGNANCY & HEALTH CENTERS

37-1218460

Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part il Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that aren't listed on Form 990, Part VII.

Page 2

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(i)(a)	
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

Employer identification number MOSAIC PREGNANCY & HEALTH CENTERS <u>37-1218460</u>

P	art I Types of Property	ALTIACT 9	HEALTH C	ENTERS	37-1218460
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of determining
		аррисавів	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts
1	Art - Works of art				***************************************
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes	<u></u>			
8	Intellectual property			***************************************	
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous			· · · · · · · · · · · · · · · · · · ·	1949a
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other			7.4191	1777
18	Collectibles				77
19	Food inventory				
20	Drugs and medical supplies			VAL	
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens		·		172
24	Archeological artifacts				
25	Other ► (<u>DIAPERS</u> , <u>WIPE</u>)	X	0	41,205.F	'Mrv7
26	Other ()			<u>x1,203.5</u>	TAT V
27	Other ()		***		
8	Other ► (
9	Number of Forms 8283 received by the organization	ation during	the tax year for co	atributions	740
	for which the organization completed Form 8283	3, Part IV, Do	nee Acknowledge	ment29	
0a	During the year, did the organization receive by	contribution	anti aranadi	wheat to the second of	Yes No
-	must hold for at least three years from the date	CONTIDUION	any property repo	rted in Part I, lines 1 through	28, that it
	must hold for at least three years from the date	or the midal (contribution, and w	nich isn't required to be use	d for
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	•••••			30a X
1		liou that ===	ulean tha made		
	Does the organization have a gift acceptance po	лоу шашер	unes the review of	any nonstandard contribution	ons?31 X
	Does the organization hire or use third parties or contributions?				32a X
	If "Yes," describe in Part II.				
3	If the organization didn't report an amount in col	umn (c) for a	type of property for	or which column (a) is check	ed,
	describe in Part II.				
Α	For Paperwork Reduction Act Notice, see th	ie Instructio	ns for Form 990		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Schedule M (Form 990) 2019

Schedule M Part II	(Form 990) 2019 Supplemental	MOSAIC I	PREGNANCY	& HEALT	H CENTE	RS	37-1218	3460 Page
	Supplemental is reporting in Part this part for any ac	I, column (b), th Iditional informa	e number of cont tion.	rmation required ributions, the nu	d by Part I, lino Imber of items	s 30b, 32b, and 3; received, or a con	3, and whether th abination of both.	e organization Also complete
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SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MOSAIC PREGNANCY & HEALTH CENTERS

Employer identification number <u>37-1218460</u>

Form 990, Part VI, Section A, line 8b:
THERE ARE NO COMMITTEES.
Form 990, Part VI, Section B, line 11b:
THE 990 IS PRESENTED AND REVIEWED BY THE BOARD PRIOR TO SUBMITTING TO THE
IRS.
Form 990, Part VI, Section B, Line 12c:
THE ORGANIZATION REFERS TO POLICY AS NEEDED
Form 990, Part VI, Section B, Line 15:
THE ORGANIZATION'S COMPENSATION IS COMPARED WITH IT'S AFFILIATE'S
COMPARABILITY DATA
Form 990, Part VI, Section C, Line 19:
THE ORGANIZATION MAKES IT DOCUMENTS AVAILABLE UPON REQUEST AND DOWNLOADABLE
ON IT'S WEBSITE www.supportmosaic.org.
Form 990, Part XII, Line 2c:
THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Attachment

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

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179 ldonlifying number

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or loss, enter -0 If married filling separately, see instructions (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 1 1 1, 0 20, 1 1 1, 0 20, 2 2 1 2 3 1, 0 20, 3 2, 550, 4 2 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or loss, enter -0 If married filling separately, see instructions (b) Cost (business use only) (c) Elected cost Reduction in limitation. Subtract line 4 from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10	00.
2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year, Subtract line 4 from line 1. If zero or loss, enter -0 If married filling sopurately, see instructions 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8	
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10. Carryover of disallowed deduction from line 13 of your 2018 Form 4562	
10 Carryover of disallowed deduction from life 15 of your 2016 roin 4562	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V.	
14 Special depreciation allowance for qualified property (other than listed property) placed in service during	
the tax year14	
15 Property subject to section 168(f)(1) election 15	~~
	32 <u>.</u>
Part III MACRS Depreciation (Don't include listed property. See instructions.)	
Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	
	<u> </u>
Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (c) Basis for depreciation (d) Basis for depr	
(a) Classification of property (a) Classification of property (business/investment use only - see instructions) (c) Ususness/investment use only - see instructions) (d) Recovery period (e) Convention (f) Method (g) Depreciation ded	tion
19a 3-year property	
b 5-year property	
c 7-year property	
d 10-year property	
e 15-year property	
f 20-year property	
g 25-year property 25 yrs. S/L	
h Residential rental property / 27.5 yrs. MM S/L	
h Residential rental property / 27.5 yrs. MM S/L	
i Nopraeidential real property / 39 yrs. MM S/L	
i Nonresidential real property / MM S/L	
i Nonresidential real property	
i Nonresidential real property / MM S/L	
Nonresidential real property / MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System	
i Nonresidential real property / MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L	
Nonresidential real property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System Class life b 12-year 12 yrs. S/L	
Nonresidential real property / MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 30-year / 30 yrs. MM S/L	
Nonresidential real property / MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12 yrs S/L c 30 year / 30 yrs MM S/L d 40 year / 40 yrs MM S/L	
Nonresidential real property	
Nonresidential real property	32.
Nonresidential real property	32.

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes (b) (c) (e) (a) Type of property (f) (d) (g) (i) (h)Date Business/ Basis for depreciation Cost or Recovery Elected Method/ Depreciation placed in investment (business/investment (list vehicles first) section 179 other basis period Convention deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: S/L. % S/L· % S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven_____ 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes_ No Yes No Yes No Yes No Yes No Yes Nο during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees?_____ 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI | Amortization (e) (f) Description of costs Date amoitization Amortizable Amortization Amortization period or percentage 42 Amortization of costs that begins during your 2019 tax year: 43 Amortization of costs that began before your 2019 tax year 43

44 Total, Add amounts in column (f). See the instructions for where to report

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