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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☒ Amended return
☐ Application pending

C Name of organization
CRISIS PREGNANCY CENTER OF GAINESVILLE INC
Doing business as
SIRA
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
912 NW 13TH ST
City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, FL 326014140
F Name and address of principal officer:
KATHERINE GRATTO
912 NW 13TH ST
GAINESVILLE, FL 326014140

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

D Employer identification number
51-0167190
E Telephone number
(352) 377-4947
G Gross receipts \$ 368,029

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: ▶ WWW.SIRAGAINESVILLE.COM
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation: 1974
M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SUPPORT TO WOMEN WITH UNPLANNED PREGNANCY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 11

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 5

6 Total number of volunteers (estimate if necessary) 6 35

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 302,473 367,575

9 Program service revenue (Part VIII, line 2g) 0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 454

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 -16,636

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 302,473 351,393

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 141,750 178,419

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶19,326

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 91,138 75,970

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 232,888 254,389

19 Revenue less expenses. Subtract line 18 from line 12 69,585 97,004

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 417,501 508,721

21 Total liabilities (Part X, line 26) 0 0

22 Net assets or fund balances. Subtract line 21 from line 20 417,501 508,721

Part II Signature Block

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

Sign Here

Signature of officer
KATHERINE GRATTO EXECUTIVE DIRECTOR
Type or print name and title

2021-03-29
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ JAMES MOORE & CO PL
Firm's address ▶ 5931 NW 1ST PL
GAINESVILLE, FL 326072063

Preparer's signature
Date 2021-03-29
Check ☐ if self-employed
PTIN P01500189
Firm's EIN ▶ 59-3204548
Phone no. (352) 378-1331

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)