

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC. 2333 ONTARIO ROAD, NW WASHINGTON, DC 20009-2627
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Terminated Amended return Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: **MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.**
Doing Business As: _____
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **2333 ONTARIO ROAD, NW**
City or town, state or country, and ZIP + 4: **WASHINGTON, DC 20009-2627**

D Employer identification number: **52-1594116**

E Telephone number: **(202) 420-7089**

G Gross receipts \$: **14,231,531.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: **WWW.MARYSCENTER.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1988** **M** State of legal domicile: **DC**

F Name and address of principal officer: **MARIA S. GOMEZ**
SAME AS C ABOVE

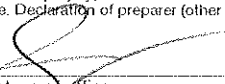
H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.	
	2	Check this box <input type="checkbox"/> 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 13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	5	Total number of employees (Part V, line 2a)	5 242
	6	Total number of volunteers (estimate if necessary)	6 150
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 8,976,266. Current Year: 8,330,948.
	9	Program service revenue (Part VIII, line 2g)	4,541,886. 5,432,767.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,929. 10,386.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	656,818. 208,411.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,196,899. 13,982,512.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,451,409. 9,900,589.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 187,067.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,862,637. 3,733,878.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,675,368. 13,904,075.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	521,531. 78,437.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 11,429,952. End of Year: 14,619,632.
	21	Total liabilities (Part X, line 26)	4,811,028. 7,917,629.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,618,924. 6,702,003.

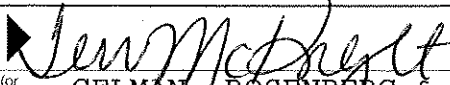
Part II Signature Block

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. Date: **10/20/10**

▶ **MARIA S. GOMEZ, PRESIDENT/CEO**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: **10/19/10** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: **GELMAN, ROSENBERG & FREEDMAN**
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930

Preparer's identifying number (see instructions): _____ EIN ▶ _____ Phone no. ▶ **(301) 951-9090**

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION MARY'S CENTER IS A FEDERALLY QUALIFIED HEALTH CENTER WITH SITES IN MARYLAND AND THE DISTRICT OF COLUMBIA. THE ORGANIZATION'S MISSION IS TO PROVIDE AFFORDABLE, HIGH QUALITY COMPREHENSIVE HEALTH SERVICES TO UNDERINSURED AND UNINSURED FAMILIES, COUPLED WITH INTENSIVE SOCIAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,580,429. including grants of \$) (Revenue \$ 4,493,625.) PATIENT SERVICES: PROMOTES HOLISTIC WELLNESS THROUGH HEALTH PROMOTION AND EDUCATION, ASSISTANCE WITH WIC ENROLLMENT, CHRONIC DISEASE MANAGEMENT, AND PROGRAMMATIC SUPPORT. MARY'S CENTER PROVIDES ON DEMAND AND OFF SITE HIV AND PREGNANCY SCREENING, AS WELL AS A COMPREHENSIVE SET OF COUNSELING SERVICES AND EDUCATIONAL PROGRAMS RELATED TO NUTRITION, DISEASE PREVENTION, AND OTHER HEALTH RELATED TOPICS. THE CENTER'S STAFF DELIVERS SUCH PROGRAMS USING EFFECTIVE ACADEMIC METHODOLOGIES THAT ARE BASED ON COMMUNITY FOCUSED PRACTICES. SERVICES ARE PROVIDED TO FAMILIES IN COMMUNITIES THAT ARE CHALLENGING TO ACCESS THROUGH THE OUTREACH OF A MOBILE VAN.

4b (Code:) (Expenses \$ 4,407,225. including grants of \$ 269,608.) (Revenue \$) SOCIAL AND EDUCATIONAL SERVICES: MARY'S CENTER IMPLEMENTS A HOLISTIC APPROACH TO HEALTH CARE AND RECOGNIZES THAT, IN ADDITION TO ENSURING THE PHYSICAL HEALTH OF OUR FAMILIES, WE MUST ALSO WORK TO ENSURE THEIR SOCIAL AND EMOTIONAL HEALTH. STRESSORS THAT IMPACT SOCIAL AND EMOTIONAL HEALTH CAN ADVERSELY IMPACT AN INDIVIDUAL'S ABILITY TO ACCESS SERVICES AND/OR CONTRIBUTE TO SOMATIC CONCERNS THAT NECESSITATE MEDICAL VISITS. TO ADDRESS THESE ISSUES, MARY'S CENTER OFFERS A WIDE RANGE OF WRAP AROUND SERVICES, INCLUDING ON SITE CASE MANAGEMENT, AFTER SCHOOL ADOLESCENT EDUCATION AND SUPPORTIVE SERVICES, IN HOME VISITS TO FAMILIES AND THEIR CHILDREN AND PARENTAL EDUCATIONAL SERVICES.

4c (Code:) (Expenses \$ 1,339,808. including grants of \$) (Revenue \$) MEDICAL SERVICES: INCLUDE THE PROVISION OF PRENATAL AND POSTNATAL CARE FOR PREGNANT WOMEN AND BABIES, PEDIATRIC CARE FOR CHILDREN, AND PRIMARY CARE FOR TEENS, WOMEN, AND MEN. OUR PRIMARY CARE SERVICES INCLUDE PHYSICAL EXAMS, FAMILY PLANNING, VACCINATIONS, AND CHRONIC ILLNESS MEDICAL MANAGEMENT. OUR BILINGUAL MENTAL HEALTH SERVICES INCLUDE DIAGNOSIS, ASSESSMENT, COUNSELING, CASE MANAGEMENT, AND PRESCRIPTION AND MONITORING OF SOMATIC MEDICATIONS. SUBSTANCE ABUSE SCREENING, REFERRALS, AND POST-DETOX COUNSELING ARE ALSO AVAILABLE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 939,142. including grants of \$) (Revenue \$ 939,142.)

4e Total program service expenses \$ 12,266,604.

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

Form 990 (2009)

52-1594116 Page 3

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form 990 (2009)

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

Form 990 (2009)

52-1594116 Page 4

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 20		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 242		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			13
b	Enter the number of voting members that are independent		
1b			13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	MD
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
	MARIA GOMEZ - 202-420-7005	
	2333 ONTARIO ROAD, NW, WASHINGTON, DC 20009-2627	

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

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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY MACPHERSON CHAIR	1.00	X		X			0.	0.	0.	
LUIS CARRERA VICE CHAIR	1.00	X		X			0.	0.	0.	
LUIS GUARDIA TREASURER	1.00	X		X			0.	0.	0.	
ALEJANDRA CEJA SECRETARY	1.00	X		X			0.	0.	0.	
XIMENA CESPEDES DIRECTOR	1.00	X					0.	0.	0.	
PATRICK CHAULK, MD DIRECTOR	1.00	X					0.	0.	0.	
ESTELLE COOKE-SAMPSON DIRECTOR	1.00	X					0.	0.	0.	
RANDEE GRANT-GUEYE DIRECTOR	1.00	X					0.	0.	0.	
JOHN KAE LIN DIRECTOR	1.00	X					0.	0.	0.	
JOHARY MONSERRATE DIRECTOR	1.00	X					0.	0.	0.	
JULIE MARTINEZ ORTEGA DIRECTOR	1.00	X					0.	0.	0.	
GUADALUPE PACHECO DIRECTOR	1.00	X					0.	0.	0.	
HANITA SCHREIBER DIRECTOR	1.00	X					0.	0.	0.	
MARIA GOMEZ PRESIDENT/CEO	40.00			X			155,796.	0.	6,451.	
MARK FRACASSO CHIEF MEDICAL OFFICER	40.00			X			186,647.	0.	10,627.	
JOSEPHINE MORRIS-YOUNG CHIEF FINANCE OFFICER	40.00			X			127,850.	0.	10,197.	
DAVID TATRO CHIEF OPERATING OFFICER	40.00			X			48,770.	0.	3,908.	

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

Form 990 (2009)

52-1594116 Page 8

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GITA AGARWAL FAMILY PRACTITIONER	40.00					X		112,582.	0.	11,353.
SHARMILLA ARYAL FAMILY PRACTITIONER	40.00					X		137,566.	0.	6,712.
ROSEMARY ROLLINS-FOLKS DIR. OF ADULT MEDICINE	40.00					X		127,063.	0.	10,287.
JESSICA SCHROEDER PEDIATRICIAN	40.00					X		108,464.	0.	5,142.
1b Total								1,004,738.	0.	64,677.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
TATUM LLC PO BOX 535152, ATLANTA, GA 30353	ACCOUNTING AND CFO SERVICES	188,807.
ORR & ASSOCIATES 2801 M STREET, NW, WASHINGTON, DC 20007	EVENT CONSULTING	165,542.
CORE BTS, PO BOX 774419, 4419 SOLUTIONS CENTER, CHICAGO, IL 60677-4004	IT SERVER AND MANAGEMENT	130,865.
GELMAN, ROSENBERG & FREEDMAN, 4550 MONTGOMERY AVE., #650, BETHESDA, MD 20814	AUDITING AND TAX SERVICES	101,071.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

Form 990 (2009)

52-1594116 Page 9

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 8,692.				
	b Membership dues	1b				
	c Fundraising events	1c 208,242.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 5173960.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2940054.				
	g Noncash contributions included in lines 1a-1f: \$	596,928.				
	h Total. Add lines 1a-1f		8330948.			
Program Service Revenue	2 a PATIENT SERVICES	Business Code 621400	4493625.	4493625.		
	b CHARTER SCHOOL REVENUE	611710	939,142.	939,142.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		5432767.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,386.		10,386.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	419694.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	419694.			
	d Net rental income or (loss)		419,694.		419,694.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 208,242. of contributions reported on line 1c). See Part IV, line 18	a	32,125.			
b Less: direct expenses	b	249019.				
c Net income or (loss) from fundraising events			-216,894.		-216894.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	4,690.		4,690.		
b GAIN ON SEC. DEPOSIT	900099	921.		921.		
c						
d All other revenue						
e Total. Add lines 11a-11d		5,611.				
12 Total revenue. See instructions.		13,982,512.	5432767.	0.	218,797.	

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

Form 990 (2009)

52-1594116 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	269,608.	269,608.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	550,249.	55,681.	478,342.	16,226.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,131,998.	6,469,127.	1,659,419.	3,452.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	78,173.	65,694.	12,561.	-82.
9 Other employee benefits	527,534.	411,648.	114,823.	1,063.
10 Payroll taxes	612,635.	461,804.	149,238.	1,593.
11 Fees for services (non-employees):				
a Management				
b Legal	4,436.		4,436.	
c Accounting	350,838.		350,838.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	563,865.	358,142.	205,243.	480.
12 Advertising and promotion	12,159.	6,775.	3,995.	1,389.
13 Office expenses	514,427.	237,163.	237,492.	39,772.
14 Information technology	43,099.	4,790.	38,309.	
15 Royalties				
16 Occupancy	723,349.	366,743.	356,606.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,173.	24,106.	2,067.	
20 Interest	34,399.	56.	34,343.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	360,139.		360,139.	
23 Insurance	158,458.	53,720.	104,538.	200.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEDICAL/DENTAL SUPPLIES	803,556.	803,556.		
b PROGRAM ACTIVITIES	97,112.	97,112.		
c CLIENT ACTIVITIES	22,293.	19,130.	1,295.	1,868.
d CLINICAL PROFESSIONALS	19,575.	19,575.		
e G&A ALLOCATION	0.	2,542,174.	-2,663,280.	121,106.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	13,904,075.	12,266,604.	1,450,404.	187,067.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

Form 990 (2009)

52-1594116 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,075.	1	26,870.
	2 Savings and temporary cash investments	395,759.	2	357,827.
	3 Pledges and grants receivable, net	3,122,459.	3	3,180,093.
	4 Accounts receivable, net	1,362,795.	4	1,757,231.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	2,704,547.
	8 Inventories for sale or use	72,307.	8	67,999.
	9 Prepaid expenses and deferred charges	69,201.	9	55,530.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,486,216.		
	b Less: accumulated depreciation	10b 1,878,463.	5,311,550.	10c 5,607,753.
	11 Investments - publicly traded securities	875,043.	11	667,469.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	89,800.	14	67,350.
	15 Other assets. See Part IV, line 11	126,963.	15	126,963.
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,429,952.	16	14,619,632.	
Liabilities	17 Accounts payable and accrued expenses	817,320.	17	1,023,070.
	18 Grants payable		18	
	19 Deferred revenue	591,864.	19	2,843,297.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,382,356.	23	3,263,774.
	24 Unsecured notes and loans payable to unrelated third parties		24	698,000.
	25 Other liabilities. Complete Part X of Schedule D	19,488.	25	89,488.
	26 Total liabilities. Add lines 17 through 25	4,811,028.	26	7,917,629.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,770,056.	27	3,364,451.
	28 Temporarily restricted net assets	2,808,868.	28	3,277,552.
	29 Permanently restricted net assets	40,000.	29	60,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,618,924.	33	6,702,003.	
34 Total liabilities and net assets/fund balances	11,429,952.	34	14,619,632.	

Form 990 (2009)

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

Form 990 (2009)

52-1594116 Page 12

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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 in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2009)

MARY'S CENTER FOR MATERNAL AND CHILD

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,922,877.	7,255,244.	7,892,120.	8,976,266.	8,330,948.	39,377,455.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,922,877.	7,255,244.	7,892,120.	8,976,266.	8,330,948.	39,377,455.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,165,985.
6 Public support. Subtract line 5 from line 4.						38,211,470.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,922,877.	7,255,244.	7,892,120.	8,976,266.	8,330,948.	39,377,455.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	150,404.	332,299.	395,773.	432,186.	430,080.	1,740,742.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	25,272.	13,173.	10,698.	445,978.	5,611.	500,732.
11 Total support. Add lines 7 through 10						41,618,929.
12 Gross receipts from related activities, etc. (see instructions)					12	19,360,207.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	91.81 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	91.92 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

Employer identification number

52-1594116

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Employer identification number 52-1594116
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 340,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 365,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,886,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 707,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 381,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Employer identification number 52-1594116
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.	Employer identification number 52-1594116
--	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	DRUGS AND MEDICAL SUPPLIES	\$ 576,966.	12/31/09
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.**

Employer identification number
52-1594116

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	40,000.	40,000.			
b Contributions	20,000.				
c Net investment earnings, gains, and losses	1,068.				
d Grants or scholarships					
e Other expenditures for facilities and programs	1,068.				
f Administrative expenses					
g End of year balance	60,000.	40,000.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		993,216.		993,216.
b Buildings		5,073,534.	1,151,295.	3,922,239.
c Leasehold improvements		293,753.	152,094.	141,659.
d Equipment		1,125,713.	575,074.	550,639.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,607,753.

MARY'S CENTER FOR MATERNAL AND CHILD

Schedule D (Form 990) 2009

CARE, INC.

52-1594116 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	13,982,512.
2	Total expenses (Form 990, Part IX, column (A), line 25)	13,904,075.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	78,437.
4	Net unrealized gains (losses) on investments	4,642.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	4,642.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	83,079.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	14,521,747.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	4,642.
b	Donated services and use of facilities	285,574.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	249,019.
e	Add lines 2a through 2d	539,235.
3	Subtract line 2e from line 1	13,982,512.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	13,982,512.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	14,438,668.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	285,574.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	249,019.
e	Add lines 2a through 2d	534,593.
3	Subtract line 2e from line 1	13,904,075.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	13,904,075.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: TO PROVIDE INCOME TO FUND THE GENERAL OPERATIONS OF THE CENTER.

PART X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2009, THE CENTER HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

Part XIV Supplemental Information *(continued)*

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XII, LINE 2D AND PART XIII, LINE 2D:

SPECIAL EVENT EXPENSES SHOWN AS EXPENSE ON FINANCIAL STATEMENTS AND NETTED
AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B.

MARY'S CENTER FOR MATERNAL AND CHILD

Schedule G (Form 990 or 990-EZ) 2009

CARE, INC.

52-1594116 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NOCHE TROPICAL (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	240,367.		240,367.	
	2	Less: Charitable contributions	208,242.		208,242.	
	3	Gross income (line 1 minus line 2)	32,125.		32,125.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	230.		230.	
	6	Rent/facility costs	1,200.		1,200.	
	7	Food and beverages	50,711.		50,711.	
	8	Entertainment	1,797.		1,797.	
	9	Other direct expenses	195,081.		195,081.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(249,019)
	11	Net income summary. Combine line 3, column (d), and line 10				-216,894.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a

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

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.** Employer identification number **52-1594116**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	53-0196580	501(C)(3)	181,101.	0.			TO SUPPORT HOME MEDICAL VISITS IN WASHINGTON, DC'S WARDS 5, 6, 7, AND 8
LAYC-LATINO AMERICAN YOUTH CENTER, INC. - 3014 14TH STREET, NW - WASHINGTON, DC 20009	20-1818541	501(C)(3)	33,065.	0.			TO FUND GENERAL OPERATIONS
VIDA SENIOR CENTERS 1842 CALVERT STREET, NW WASHINGTON, DC 20009	23-7161537	501(C)(3)	32,497.	0.			TO PROVIDE PRIMARY HEALTH CARE AND EDUCATION SERVICES TO WASHINGTON, DC'S ELDERLY.
LA CLINICA DEL PUEBLO, INC. 2831 15TH STREET, NW WASHINGTON, DC 20009	52-1942551	501(C)(3)	5,000.	0.			TO FUND GENERAL OPERATIONS
ANDROMEDA, INC. 1400 DECATUR STREET, NW WASHINGTON, DC 20011	52-1034058	501(C)(3)	5,000.	0.			TO PROVIDE PRIMARY HEALTH CARE AND EDUCATION SERVICES TO WASHINGTON, DC'S ELDERLY.

- 2 Enter total number of section 501(c)(3) and government organizations **5.**
- 3 Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2009

MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.

52-1594116

Schedule I (Form 990) 2009

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: CURRENTLY THE ORGANIZATION HAS ONE PARTNER THAT IS A COLLABORATIVE PARTNER FOR THE HOME VISITING PROGRAM. THAT PARTNERSHIP STARTED APPROXIMATELY 9 YEARS AGO THROUGH AN RFA PROCESS WHEN THERE WERE FUNDS AVAILABLE TO EXPAND THE HOME VISITING PROGRAM. CHILDREN'S HEALTH CENTER WAS SELECTED AS A PARTNER, AND HAS REMAINED EVER SINCE. THE PARTNERSHIP REMAINS BASED UPON THE COLLABORATIVE MOU THAT IS REVIEWED AND SIGNED EVERY YEAR. THE MOU IDENTIFIES IN THE ADDENDUM THE NUMBER OF PARTICIPANTS THAT MUST BE PROVIDED SERVICES. THE MOU ALSO IDENTIFIES THE KEY PROGRAM COMPONENTS THAT MUST BE MET AND CONTINUATION IS BASED UPON

Part IV Supplemental Information

ABILITY OF THE COLLABORATIVE PARTNER TO IMPLEMENT THESE PROGRAM SERVICES.

THE DIRECTOR OF HOME VISITING PROVIDES SUPERVISION AND LEADERSHIP TO THE COLLABORATIVE SITE PROGRAM MANAGER. THEY MEET BIWEEKLY, SHE REVIEWS CHARTS, SHADOWS SUPERVISIONS, AND RECEIVES MONTHLY PROGRESS REPORTS FROM THE MANAGER TO ENSURE THAT THE PROJECT OBJECTIVES ARE BEING MET. THE PROGRAM MANAGER OF THE COLLABORATIVE SITE MUST ATTEND THE MONTHLY PROGRAM COORDINATOR MEETINGS WHICH ARE MEETINGS OF ALL THE HOME VISITING SUPERVISORS TO REVIEW POLICIES, PROCEDURES, CHANGES IN FUNDING, UPDATES ON EVALUATION, SUPERVISORY CONCERNS, AND TRAININGS. ALL OF THE STAFF OF THAT SITE PARTICIPATE IN MONTHLY HOME VISITING PROGRAM TEAM MEETINGS. THOSE MEETINGS COVER FOR THE ENTIRE PROGRAM STAFF UPDATES, DATA NEEDS, PROGRESS, CASE REVIEWS, AND HOME VISITING SPECIFIC TRAININGS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.**

Employer identification number
52-1594116

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>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</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	<input checked="" type="checkbox"/>
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	<input checked="" type="checkbox"/>
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	<input checked="" type="checkbox"/>
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	<input checked="" type="checkbox"/>
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	<input checked="" type="checkbox"/>
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	<input checked="" type="checkbox"/>
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	<input checked="" type="checkbox"/>
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	<input checked="" type="checkbox"/>
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	<input checked="" type="checkbox"/>
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2009

MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.

Schedule J (Form 990) 2009

52-1594116

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARIA GOMEZ	(i) 155,796.	(ii) 0.	(iii) 0.	3,116.	3,335.	162,247.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MARK FRACASSO	(i) 186,647.	(ii) 0.	(iii) 0.	3,733.	6,894.	197,274.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

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.

Name of the organization **MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.** Employer identification number **52-1594116**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		19,962.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1	576,966.	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

Employer identification number

52-1594116

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES AND EDUCATIONAL PROGRAMS, TO ENRICH LIVES AND ENHANCE THE
ACADEMIC AND ECONOMIC OPPORTUNITIES FOR FAMILIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ESF CHARTER SCHOOL

EXPENSES \$ 939142. INCLUDING GRANTS OF \$ 0. REVENUE \$ 939142.

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN WAS PREPARED BY THE
OUTSIDE ACCOUNTANTS, REVIEWED BY SENIOR MANAGEMENT, AND THEN BY THE
PRESIDENT/CEO. ONCE THE 990 FORM WAS COMPLETED, IT WAS DELIVERED TO THE
BOARD OF DIRECTORS WITH THE OPTION TO ANSWER ANY QUESTIONS AT THE MONTHLY
BOARD MEETINGS. A COPY OF THE FINAL 990 WAS SENT TO THE ENTIRE BOARD BEFORE
IT WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ONCE A YEAR, EVERY BOARD MEMBER IS
ASKED TO RENEW THE CONFLICT OF INTEREST FORM DURING ONE OF THE BOARD
MEETINGS.

IF A CONFLICT ARISES, THE BOARD MEMBER EXEMPTS HIM/HER SELF FROM VOTING BUT
MAY STAY TO PROVIDE PERTINENT INFORMATION. NO BOARD MEMBER, PERSONALLY, IS
HIRED AS A CONSULTANT OR FOR ANY OTHER PROFESSIONAL JOB AT THE CENTER. IF A
BOARD MEMBER IS ASSOCIATED WITH A VENDOR IN ANYWAY AND THE COMPANY IS
ELIGIBLE TO COMPETE FOR A BID, THEY ARE NOT EXCLUDED TO COMPETE FOR THE
BID. IF IT RELATES TO EMPLOYEES, THE POLICY IS EXPLAINED TO THE PARTIES
INVOLVED AND APPROPRIATE ACTION IS TAKEN TO DISCONTINUE THE RELATIONSHIP OR
CONTRACT.

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization

MARY'S CENTER FOR MATERNAL AND CHILD
CARE, INC.

Employer identification number

52-1594116

FORM 990, PART VI, SECTION B, LINE 15A: MARY'S CENTER'S HUMAN RESOURCES DEPARTMENT WORKS WITH HR CONSULTANTS TO CREATE SALARY RANGES AND CONDUCT MARKET ANALYSIS FOR ALL KEY POSITIONS. THE CEO REVIEWS TOP MANAGEMENT SALARIES AND THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE CEO'S SALARY. ALL SALARY DECISIONS ARE DOCUMENTED IN THE PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19: ALL BOARD MEETINGS ARE OPEN TO THE PUBLIC AND ANY OF THE GOVERNANCE DOCUMENTS, BOARD MINUTES AND FINANCIAL STATEMENTS IS MADE AVAILABLE UPON REQUEST.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	BUILDINGS AND IMPROVEMENTS	120194SL		40.00	16	4,307,059.			4,307,059.	1,036,046.		115,249.
3	CONSTRUCTION IN PROCESS - GEORGIA AVARIESSL LEASEHOLD	AVARIESSL		40.00	16	766,475.			766,475.			19,162.
4	IMPROVEMENTS * 990 PAGE 10 TOTAL	VARIESSL		40.00	16	293,753.			293,753.	93,526.		58,569.
	BUILDINGS & FURNITURE & FIXTURES					5,367,287.		0.	5,367,287.	1,129,572.	0.	192,980.
7	FURNITURE & FIXTURES * 990 PAGE 10 TOTAL	VARIESSL		7.00	16	127,872.			127,872.	41,909.		14,691.
	FURNITURE & MACHINERY & EQUIPMENT					127,872.		0.	127,872.	41,909.	0.	14,691.
5	EQUIPMENT	VARIESSL		5.00	16	677,980.			677,980.	289,349.		79,487.
9	COMPUTER SOFTWARE * 990 PAGE 10 TOTAL	VARIESSL		.00	16	272,037.			272,037.	48,777.		65,151.
	MACHINERY & EQUIPMENT					950,017.		0.	950,017.	338,126.	0.	144,638.
6	VEHICLES * 990 PAGE 10 TOTAL	111499SL		5.00	16	47,824.			47,824.	31,165.		4,543.
	TRANSPORTATION EQUIPMENT					47,824.		0.	47,824.	31,165.	0.	4,543.
1	LAND * 990 PAGE 10 TOTAL	121494L				993,216.			993,216.			0.
	LAND					993,216.		0.	993,216.	0.	0.	0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER AMORTIZED CLOSING COSTS											
	* 990 PAGE 10 TOTAL			60M	43	112,249.		0.	112,249.	22,449.	0.	22,449.
	OTHER											
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					7,598,465.		0.	7,598,465.	1,563,221.	0.	379,301.