

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2016

Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

**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 province, country, and ZIP or foreign postal code  
**WASHINGTON, DC 20009-2627**

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

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

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

**G** Gross receipts \$ **45,976,834.**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (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**

**H(c)** Group exemption number

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	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	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	617
	6	Total number of volunteers (estimate if necessary)	6	10
	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 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	17,429,161.	16,194,169.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,059,980.	29,129,306.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	160,125.	161,298.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	363,768.	173,226.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,013,034.	45,657,999.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	464,383.	570,092.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	27,806,555.	32,247,566.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,038,461.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,004,030.	13,509,687.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	40,274,968.	46,327,345.
	20	Total assets (Part X, line 16)	3,738,066.	-669,346.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	34,262,612.	38,474,752.
		7,130,397.	12,014,909.	
		27,132,215.	26,459,843.	

## 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: *[Signature]* Date: **11/21/17**

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

**Preparer**

Print/type preparer's name: **DAVID F. GRALING CPA** Preparer's signature: *[Signature]* Date: **10-30-17** Check if self-employed:  PTIN: **P00366975**

Firm's name: **GELMAN, ROSENBERG & FREEDMAN** Firm's EIN: **52-1392008**

Firm's address: **4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930** Phone no.: **(301) 951-9090**

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

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

Form 990 (2016)

52-1594116 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MARY'S CENTER IS A FEDERALLY QUALIFIED HEALTH CENTER WITH SEVEN SITES THROUGHOUT MARYLAND AND THE DISTRICT OF COLUMBIA. THE ORGANIZATION'S MISSION IS TO PROVIDE AFFORDABLE, HIGH QUALITY COMPREHENSIVE PRIMARY HEALTHCARE, DUAL-GENERATION EDUCATION, AND SOCIAL (SEE SCHEDULE O)

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

4a (Code: ) (Expenses \$ 20,386,481. including grants of \$ ) (Revenue \$ 25,120,449.) PATIENT SERVICES: MARY'S CENTER HEALTH PROMOTION DEPARTMENT PROVIDES HEALTH EDUCATION AND HEALTH PROMOTION ON NUTRITION AND HEALTHY LIFESTYLES, SEXUAL HEALTH, PREVENTION, MANAGEMENT, AND NAVIGATION OF CANCER, CARDIOVASCULAR DISEASES, DIABETES, TOBACCO USE, ASTHMA, AND HIV/STIS. MARY'S CENTER'S HEALTH PROMOTION DEPARTMENT DEVELOPS PROGRAMS THAT HELP PATIENTS UNDERSTAND THE SOCIAL ECOLOGICAL MODEL (SEM), A MODEL GROUNDED ON THE UNDERSTANDING THAT PEOPLE AND THEIR ENVIRONMENT INFLUENCE EACH OTHER. APPLYING THIS FRAMEWORK TO BEHAVIOR CHANGE INTERVENTIONS ALLOWS US TO ENGAGE WITH INDIVIDUALS, ORGANIZATIONS, AND THE GREATER COMMUNITY TO FIND MEANINGFUL SOLUTIONS TO COMPLEX MEDICAL, SOCIAL AND EDUCATIONAL CHALLENGES FACED BY THE COMMUNITY WE SERVE. THE SEM, PREVALENT IN PUBLIC (SEE SCHEDULE O)

4b (Code: ) (Expenses \$ 11,109,418. including grants of \$ 570,092.) (Revenue \$ 498,652.) SOCIAL AND EDUCATIONAL SERVICES: MARY'S CENTER PROVIDES ADOLESCENT EDUCATION AND SUPPORTIVE SERVICES, IN-HOME VISITS TO FAMILIES AND THEIR CHILDREN, COMPREHENSIVE AND INTEGRATED BEHAVIORAL HEALTH SERVICES, AND PARENTAL EDUCATIONAL SERVICES WITH THE GOAL OF INCREASING THE ECONOMIC OPPORTUNITIES FOR THOSE THAT SEEK OUR 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 CONTRIBUTE TO SOMATIC CONCERNS THAT NECESSITATE MEDICAL VISITS. OUR HOLISTIC MODEL HAS PROVEN SUCCESSFUL AGAIN THIS YEAR: 100% OF OUR ADOLESCENTS IN THE (SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 8,457,445. including grants of \$ ) (Revenue \$ ) MEDICAL SERVICES: MARY'S CENTER OFFERS FULL CLINICAL CARE FOR ALL STAGES OF LIFE INCLUDING: THE PROVISION OF PRENATAL AND POSTNATAL CARE; SONOGRAPHY CAPABILITIES AND TELEMEDICINE TO TAKE INTO THE COMMUNITY TO ASSESS CLIENTS WHEREVER IS MOST CONVENIENT, THEREBY PREVENTING HOSPITALIZATION AND UNNECESSARY USE OF EMERGENCY ROOMS; AND PEDIATRIC CARE AND PRIMARY CARE FOR THE ENTIRE FAMILY, INCLUDING SERVICES FOR THE GERIATRIC PATIENT. OUR PRIMARY CARE SERVICES INCLUDE PHYSICAL EXAMS, FAMILY PLANNING, VACCINATIONS, AND CHRONIC ILLNESS MEDICAL MANAGEMENT. OUR MENTAL HEALTH SERVICES INCLUDE DIAGNOSIS, ASSESSMENT, COUNSELING, CASE MANAGEMENT, PRESCRIPTION, AND MONITORING OF SOMATIC MEDICATIONS. SUBSTANCE ABUSE SCREENINGS, REFERRALS, AND POST-DETOX COUNSELING ARE ALSO AVAILABLE. (SEE SCHEDULE O)

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,680,641. including grants of \$ ) (Revenue \$ 4,008,857.)

4e Total program service expenses 43,633,985.

Form 990 (2016)

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

Form 990 (2016)

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

Form 990 (2016)

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

Form 990 (2016)

52-1594116 Page 4

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		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
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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
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
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	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
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2016)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	99		
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	
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	617		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year ..... 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent ..... 1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... 2		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? ..... 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..... 5		X
6 Did the organization have members or stockholders? ..... 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? ..... 8a	X	
b Each committee with authority to act on behalf of the governing body? ..... 8b	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 ..... 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? ..... 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... 12c	X	
13 Did the organization have a written whistleblower policy? ..... 13	X	
14 Did the organization have a written document retention and destruction policy? ..... 14	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 ..... 15a	X	
b Other officers or key employees of the organization ..... 15b		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? ..... 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... 16b		

**Section C. Disclosure**

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

MARY'S CENTER FOR MATERNAL AND CHILD

Form 990 (2016)

CARE, INC.

52-1594116 Page 7

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NINA ALBERT CHAIR	1.00 0.00	X		X				0.	0.	0.
(2) MERVYN ALPHONSO TREASURER	1.00 0.10	X		X				0.	0.	0.
(3) ERRIN GREEN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(4) NIKOLA GARBER DIRECTOR	1.00 0.00	X						0.	0.	0.
(5) CLAY HARRIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) BERTA MATA DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) M. LUCERO ORTIZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) KATHY WHELPLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) JONATHAN BLUM DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) STUART M. BUTLER DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) MARIA GOMEZ CHIEF EXECUTIVE OFFICER	39.80 0.20			X				232,480.	0.	2,720.
(12) JOSEPHINE MORRIS-YOUNG CHIEF FINANCIAL OFFICER	39.70 0.30			X				249,787.	0.	9,463.
(13) DAVID TATRO CHIEF OPERATING OFFICER	39.70 0.30			X				333,562.	0.	14,184.
(14) TOLLIE ELLIOTT CHIEF MEDICAL OFFICER	40.00 0.00				X			243,356.	0.	8,636.
(15) RICHARD GESKER CHIEF DENTAL OFFICER	40.00 0.00				X			273,808.	0.	7,212.
(16) SARAH ALI INFECTIOUS DISEASE PHYSICIAN	40.00 0.00					X		207,813.	0.	4,131.
(17) PRATHAP NAINI OB/GYN	40.00 0.00					X		197,215.	0.	2,389.



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

Form 990 (2016)

52-1594116 Page 9

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 17,611.				
	b Membership dues	1b				
	c Fundraising events	1c 685,303.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 12,434,582.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,056,673.				
	g Noncash contributions included in lines 1a-1f: \$	2,500,686.				
	h Total. Add lines 1a-1f	▶ 16,194,169.				
	Program Service Revenue	<b>Business Code</b>				
2 a PATIENT SERVICES		621400	25,120,449.	25,120,449.		
b CHARTER SCHOOL REVENUE		611710	4,008,857.	4,008,857.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f	▶ 29,129,306.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 161,224.	150,710.		10,514.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	347,942.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	347,942.			
	d Net rental income or (loss)	▶ 347,942.	347,942.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	26,265.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	26,191.			
		c Gain or (loss)	74.			
	d Net gain or (loss)	▶ 74.			74.	
	8 a Gross income from fundraising events (not including \$ 685,303. of contributions reported on line 1c). See Part IV, line 18	a 100,400.				
	b Less: direct expenses	b 292,644.				
c Net income or (loss) from fundraising events	▶ -192,244.			-192,244.		
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	▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a MISCELLANEOUS	900099	17,528.			17,528.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶ 17,528.					
12 Total revenue. See instructions.	▶ 45,657,999.	29,627,958.	0.	-164,128.		

MARY'S CENTER FOR MATERNAL AND CHILD

Form 990 (2016)

CARE, INC.

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	570,092.	570,092.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,333,981.	530,012.	793,395.	10,574.
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	26,723,111.	23,417,190.	2,876,274.	429,647.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	220,096.	195,298.	21,285.	3,513.
9 Other employee benefits	1,778,973.	1,532,595.	217,961.	28,417.
10 Payroll taxes	2,191,405.	1,871,980.	285,000.	34,425.
11 Fees for services (non-employees):				
a Management				
b Legal	98,554.	19,118.	79,436.	
c Accounting	1,021,667.	781,196.	212,841.	27,630.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,672,711.	2,029,256.	550,845.	92,610.
12 Advertising and promotion				
13 Office expenses	1,639,875.	638,622.	946,648.	54,605.
14 Information technology	778,775.	503,170.	220,255.	55,350.
15 Royalties				
16 Occupancy	1,754,902.	122,297.	1,632,605.	
17 Travel	210,433.	178,895.	31,538.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	52,419.	20,216.	22,915.	9,288.
20 Interest	10,290.	5,382.	4,908.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	346,745.	965.	345,780.	
23 Insurance	120,902.	13,368.	107,282.	252.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>G&amp;A ALLOCATION</b>	0.	6,894,573.	-7,147,690.	253,117.
b <b>MEDICAL/DENTAL SUPPLIES</b>	3,710,307.	3,710,307.		
c <b>EQUIPMENT &amp; MAINTENANCE</b>	537,644.	228,293.	307,131.	2,220.
d <b>MORTGAGE PREPAYMENT</b>	136,137.	87,958.	38,503.	9,676.
e All other expenses	418,326.	283,202.	107,987.	27,137.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	46,327,345.	43,633,985.	1,654,899.	1,038,461.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2016)

52-1594116 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	50,013.	1	151,498.
	2	Savings and temporary cash investments	3,271,052.	2	3,503,312.
	3	Pledges and grants receivable, net	8,528,826.	3	8,045,902.
	4	Accounts receivable, net	3,001,820.	4	3,430,986.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	372,419.	8	516,887.
	9	Prepaid expenses and deferred charges	424,035.	9	555,026.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,982,098.		
	b	Less: accumulated depreciation	10b 4,099,074.		
			3,283,798.	10c	6,883,024.
	11	Investments - publicly traded securities	131,495.	11	124,860.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	15,071,000.	13	15,071,000.
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	128,154.	15	192,257.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	34,262,612.	16	38,474,752.	
Liabilities	17	Accounts payable and accrued expenses	3,304,980.	17	4,236,666.
	18	Grants payable		18	
	19	Deferred revenue	16,291.	19	26,796.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,578,951.	23	3,526,521.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	230,175.	25	4,224,926.
	26	<b>Total liabilities.</b> Add lines 17 through 25	7,130,397.	26	12,014,909.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	11,984,803.	27	12,485,389.
	28	Temporarily restricted net assets	14,952,412.	28	13,769,454.
	29	Permanently restricted net assets	195,000.	29	205,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	27,132,215.	33	26,459,843.
	34	<b>Total liabilities and net assets/fund balances</b>	34,262,612.	34	38,474,752.

Form 990 (2016)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,657,999.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,327,345.
3	Revenue less expenses. Subtract line 2 from line 1	3	-669,346.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,132,215.
5	Net unrealized gains (losses) on investments	5	-3,026.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,459,843.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2016)



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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,072,938.	15,819,249.	16,875,108.	17,429,161.	16,194,169.	78,390,625.
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 <b>Total.</b> Add lines 1 through 3 .....	12,072,938.	15,819,249.	16,875,108.	17,429,161.	16,194,169.	78,390,625.
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) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						78,390,625.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	12,072,938.	15,819,249.	16,875,108.	17,429,161.	16,194,169.	78,390,625.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	253,476.	104,846.	97,530.	100,755.	10,514.	567,121.
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 VI.) .....	33,992.	10,033.	24,100.	14,336.	17,528.	99,989.
11 <b>Total support.</b> Add lines 7 through 10 .....						79,057,735.
12 Gross receipts from related activities, etc. (see instructions) .....					12	114,201,825.
13 <b>First five years.</b> 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 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	99.16 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	98.55 %
16a <b>33 1/3% support test - 2016.</b> 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 <b>33 1/3% support test - 2015.</b> 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 <b>10% -facts-and-circumstances test - 2016.</b> 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2015.</b> 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.) .....						
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 2016 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

MARY'S CENTER FOR MATERNAL AND CHILD

Schedule A (Form 990 or 990-EZ) 2016 CARE, INC.

52-1594116 Page 6

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

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

Schedule A (Form 990 or 990-EZ) 2016

MARY'S CENTER FOR MATERNAL AND CHILD

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

MARY'S CENTER FOR MATERNAL AND CHILD

Schedule A (Form 990 or 990-EZ) 2016 CARE, INC.

52-1594116 Page 8

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF HEALTH & HUMAN SERVICES  200 INDEPENDENCE AVE SW  WASHINGTON, DC 20021	\$ 9,403,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPARTMENT OF AGRICULTURE  1400 INDEPENDENCE AVE SW  WASHINGTON, DC 20250	\$ 908,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	D.C. OFFICE ON AGING  441 FOURTH ST. NW  WASHINGTON, DC 20001	\$ 387,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OFFICE STATE SUPERINTENDENT OF EDUCATION  810 FIRST ST. NE  WASHINGTON, DC 20002	\$ 358,247.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	D.C. DEPARTMENT OF HEALTH  899 NORTH CAPITAL ST. NE, 5TH FLOOR  WASHINGTON, DC 20002	\$ 826,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	<u>DRUGS AND MEDICAL SUPPLIES</u> _____ _____	\$ <u>2,419,335.</u>	<u>12/31/16</u>
	_____ _____ _____	\$ _____	
	_____ _____ _____	\$ _____	
	_____ _____ _____	\$ _____	
	_____ _____ _____	\$ _____	
	_____ _____ _____	\$ _____	
	_____ _____ _____	\$ _____	

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2016

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	209,518.	174,060.	145,000.	120,000.	95,000.
b Contributions	10,000.	30,000.	20,000.	25,000.	25,000.
c Net investment earnings, gains, and losses	10,070.	5,458.	9,060.	2,208.	3,537.
d Grants or scholarships					
e Other expenditures for facilities and programs				2,208.	3,537.
f Administrative expenses					
g End of year balance	229,588.	209,518.	174,060.	145,000.	120,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  89.29 %
- c Temporarily restricted endowment  10.71 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		620,000.		620,000.
b Buildings		3,695,666.	1,752,651.	1,943,015.
c Leasehold improvements		2,754,165.	316,041.	2,438,124.
d Equipment		2,897,896.	1,449,232.	1,448,664.
e Other		1,014,371.	581,150.	433,221.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,883,024.

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

Schedule D (Form 990) 2016

52-1594116 Page 3

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MARY'S CENTER INVESTMENT		
(2) FUND LLC	15,071,000.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		15,071,000.

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSITS	325,175.
(3) DEFERRED IMPROVEMENT ALLOWANCE	3,653,717.
(4) DEFERRED RENT ABATEMENT	246,034.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

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

Schedule D (Form 990) 2016

52-1594116 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1	46,030,749.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,026.	
b	Donated services and use of facilities	2b	83,132.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	292,644.	
e	Add lines 2a through 2d	2e	372,750.	
3	Subtract line 2e from line 1	3	45,657,999.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	45,657,999.	

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

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

1	Total expenses and losses per audited financial statements		1	46,703,121.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	83,132.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	292,644.	
e	Add lines 2a through 2d	2e	375,776.	
3	Subtract line 2e from line 1	3	46,327,345.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	46,327,345.	

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

TO PROVIDE INCOME TO FUND THE GENERAL OPERATIONS OF THE CENTER.

**PART X, LINE 2:**

FOR THE YEAR ENDED DECEMBER 31, 2016, THE ORGANIZATIONS HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSES INCLUDED AS EXPENSE ON THE 292,644.

Part XIII Supplemental Information (continued)

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8C.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES INCLUDED AS EXPENSE ON THE 292,644.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8C.



MARY'S CENTER FOR MATERNAL AND CHILD

Schedule G (Form 990 or 990-EZ) 2016 CARE, INC.

52-1594116 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NOCHE TROP. GALA (event type)	GOLF EVENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	582,117.	203,586.	785,703.
	2	Less: Contributions	507,317.	177,986.	685,303.
	3	Gross income (line 1 minus line 2)	74,800.	25,600.	100,400.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	17,231.	5,783.	23,014.
	6	Rent/facility costs			
	7	Food and beverages	167,340.	20,436.	187,776.
	8	Entertainment	4,200.		4,200.
	9	Other direct expenses	60,343.	17,311.	77,654.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			292,644.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-192,244.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
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. Subtract line 7 from line 1, column (d)			

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

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

MARY'S CENTER FOR MATERNAL AND CHILD

Schedule G (Form 990 or 990-EZ) 2016 CARE, INC.

52-1594116 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART TO HAND, INC 1300 MERCANTILE LANE, SUITE 204 LARGO MD 20774	52-2137593	501(C)(3)	154,795.	0.			TO ENROLL ELIGIBLE COMMUNITY MEMBERS INTO HEALTH INSURANCE COVERAGE/ACA, CONDUCT
E.L. HAYNES PUBLIC CHARTER SCHOOL 3600 GEORGIA AVENUE, NW WASHINGTON, DC 20010	20-0295905	501(C)(3)	80,316.	0.			TO SUPPORT COMMUNITIES IN SCHOOL INCENTIVES
CASA DE MARYLAND, INC 8151 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	128,893.	0.			TO ENROLL ELIGIBLE COMMUNITY MEMBERS INTO HEALTH INSURANCE COVERAGE/ACA AND RAISE
CHILDRENS NATIONAL MEDICAL CENTER 801 ROEDER ROAD, SUITE 500 SILVER SPRING, MD 20910	52-0196580	501(C)(3)	62,448.	0.			TO SUPPORT HOME MEDICAL VISITS IN WASHINGTON DC'S WARDS 5, 6, 7 AND 8
COMMUNITY CLINIC, INC 8630 FENTON STREET, SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501(C)(3)	56,847.	0.			TO ENROLL ELIGIBLE COMMUNITY MEMBERS INTO HEALTH INSURANCE COVERAGE/ACA, PROVIDE
COMMUNITY OUTREACH AND DEVELOPMENT CDC - 4719 MARLBORO PIKE - CAPITOL HEIGHTS, MD 20743	52-2112842	501(C)(3)	42,726.	0.			TO ENROLL ELIGIBLE COMMUNITY MEMBERS INTO HEALTH INSURANCE COVERAGE/ACA, CONDUCT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

Schedule I (Form 990) (2016)



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

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

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

**PART I, LINE 2:**

MARY'S CENTER REVIEWS THE EXPENSES AND SUPPORTING DOCUMENTATION SUBMITTED BY SUB-GRANTEES TO ENSURE IT IS IN KEEPING WITH ALL GRANT REQUIREMENTS AND APPROVED BY PROGRAM MANAGERS PRIOR TO DISBURSEMENT OF FUNDS. PROGRAM MANAGERS REVIEW GRANTEE DELIVERABLES AND MONITOR THEIR WORK PRIOR TO APPROVING EXPENDITURES.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: HEART TO HAND, INC

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENROLL ELIGIBLE COMMUNITY MEMBERS INTO HEALTH INSURANCE COVERAGE/ACA, CONDUCT OUTREACH, PROVIDE COMMUNITY HEALTH SERVICES, AND RAISE HEALTH INSURANCE LITERACY

NAME OF ORGANIZATION OR GOVERNMENT: CASA DE MARYLAND, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENROLL ELIGIBLE COMMUNITY MEMBERS INTO HEALTH INSURANCE COVERAGE/ACA AND RAISE HEALTH INSURANCE LITERACY

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CLINIC, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENROLL ELIGIBLE COMMUNITY MEMBERS INTO HEALTH INSURANCE COVERAGE/ACA, PROVIDE SERVICES ONSITE AND RAISE HEALTH INSURANCE LITERACY

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY OUTREACH AND DEVELOPMENT CDC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENROLL ELIGIBLE COMMUNITY MEMBERS INTO HEALTH INSURANCE COVERAGE/ACA, CONDUCT OUTREACH, PROVIDE COMMUNITY HEALTH SERVICES ONSITE AND RAISE HEALTH INSURANCE LITERACY

NAME OF ORGANIZATION OR GOVERNMENT:

PRINCE GEORGE'S CHILD RESOURCE CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FAMILY SUPPORT SERVICES AND TRAINING TO CHILD CARE PROVIDERS, PARENTS, AND HUMAN SERVICES WORKERS THROUGH HOME VISITS, CHILD DEVELOPMENT EDUCATION, LINKS TO COMMUNITY SERVICES, AND ADULT EDUCATION

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

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

Employer identification number

**52-1594116**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <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 (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2016



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

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUS COMPENSATION HAS BEEN REPORTED IN PART II, COLUMN (B) (II).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....	X		55,086.	FMV
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	6	26,265.	FMV
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	2,419,335.	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 Acknowledgement ..... **29** **0**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS

Multiple horizontal lines for data entry.

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

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

Employer identification number  
52-1594116

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

SERVICES TO ASSIST INDIVIDUALS OF ALL AGES AND FAMILIES TO MOVE UP THE  
ECONOMIC LADDER. MARY'S CENTER DOES THIS IN PARTNERSHIP WITH BRIYA  
CHARTER SCHOOL, A DUAL GENERATION LEARNING CENTER, AND SEVERAL DOZEN  
OTHER HEALTH AND HUMAN SERVICE PARTNERS.

IN NOVEMBER 2016, THE CENTER OPENED A NEW SITE IN THE FORT TOTTEN  
NEIGHBORHOOD (WARD 5) OF NORTHEAST DC. THE PLAN IS TO SERVE AN  
ADDITIONAL 15,000 NEW PATIENTS AFTER THE FIRST YEAR. THIS WILL BE A  
FULL SERVICE CENTER WITH MEDICAL, DENTAL AND BEHAVIORAL HEALTH  
SERVICES. MARY'S CENTER DOES THIS IN PARTNERSHIP WITH BRIYA, A  
DUAL-GENERATION LEARNING CENTER, ALONG WITH BRIDGES CHARTER SCHOOLS, AN  
INSTITUTION THAT SERVES CHILDREN UP TO THE 4TH GRADE, WITH AN EMPHASIS  
ON CHILDREN WITH SPECIAL NEEDS. IN 2017, THE ORGANIZATION EXPANDED  
SERVICES FOR BEHAVIORAL HEALTH IN THE ADAMS MORGAN NEIGHBORHOOD OF DC  
BY INCREASING SERVICES TO YOUNG CHILDREN SUFFERING FROM COMPLEX FAMILY  
CONFLICT AND THE EFFECTS OF SEVERE POVERTY. IN ADDITION, MORE SERVICES  
TO INDIVIDUALS SUFFERING FROM THE EFFECTS OF ALL TYPES OF SUBSTANCE  
ABUSE HAVE BEEN ADDED AT THIS SITE. IN ORDER TO INCREASE THE COMPLIANCE  
WITH PRESCRIPTION DRUG THERAPY AND PROMOTE WELLNESS, THERE ARE PLANS TO  
OPEN UP A PHARMACY AT THE GEORGIA AVENUE SITE IN THE PETWORTH  
NEIGHBORHOOD OF DC BY THE LAST QUARTER OF 2017. THERE ARE ALSO PLANS  
BY MID 2018 TO REPLACE THE FLOWER AVENUE SITE WITH A PURCHASED SITE AT  
344 UNIVERSITY BLVD., SILVER SPRING, MARYLAND THAT WILL BE RENOVATED  
AND BE THREE TIMES LARGER THAN THE PRESENT FLOWER AVENUE SITE PROVIDING  
MEDICAL, DENTAL AND BEHAVIORAL HEALTH SERVICES. THIS REPLACEMENT COMES

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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

Employer identification number  
52-1594116

ABOUT BECAUSE THE PURPLE METROLINE WILL DISPLACE THE EXISTING CLINICAL  
SITE. IN THE LAST QUARTER OF 2016, WE LAUNCHED A CAMPAIGN TO OUR  
UNDERSERVED VETERAN AND HOMELESS VETERANS LIVING IN OUR REGION. "THE  
PROMISE OF TOMORROW" CAMPAIGN HAS ALSO BEEN LAUNCHED TO HELP US RAISE  
CAPITAL DOLLARS TO MAKE OUR NEW ENDEAVORS POSSIBLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH PROGRAM PLANNING SINCE THE LATE 1970S AND CREDITED TO URIE  
BROFENBRENNERIS, IS THE FRAMEWORK IN WHICH THE HEALTH PROMOTION  
DEPARTMENT AT MARY'S CENTER WAS FOUNDED. SERVICES ARE PROVIDED BOTH  
ON-SITE AND THROUGH OUTREACH EVENTS IN THE COMMUNITY, SUCH AS HEALTH  
FAIRS. DEMONSTRATING THE SUCCESS OF OUR MODEL AND COMMITTED TEAM, OUR  
HEALTH EXCHANGE NAVIGATORS AND ASSISTERS CONTINUE TO HELP THOUSANDS OF  
INDIVIDUALS ENROLL IN THE HEALTH INSURANCE MARKETPLACE IN THE DISTRICT  
OF COLUMBIA AND MARYLAND.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AFTER-SCHOOL TEEN PROGRAM AVOIDED TEEN PREGNANCY AND 100% OF THE HIGH  
SCHOOL SENIORS WERE ACCEPTED INTO COLLEGE. MOST OF THESE TEENS ARE THE  
FIRST IN THEIR FAMILIES TO EVEN GRADUATE HIGH SCHOOL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ALL SERVICES ARE PROVIDED IN THE LANGUAGE OF THE PATIENT, AND THE THREE  
LINES OF SERVICE ARE INTEGRATED FOR EFFICIENCY AND EFFECTIVENESS IN A  
PATIENT-CENTERED MEDICAL HOME MODEL OF CARE. OUR SLIDING-FEE SCALE OF  
SERVICE, FROM "MARKET RATE" DOWN TO "NO PAY", ENABLES EVERYONE TO BE  
SEEN REGARDLESS OF THEIR INCOME LEVELS.

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

IN 2016, WITH A COLLABORATIVE AND EXTREMELY COMMITTED TEAM, WE SUCCESSFULLY IMMUNIZED 80% OF OUR CHILDREN UNDER 2 YEARS OF AGE, EVEN WITH NEW VACCINATION REQUIREMENTS. 63% OF ALL PREGNANT WOMEN ENTERED CARE IN THEIR 1ST TRIMESTER. THE BIRTHWEIGHT OF 94% OF OUR NEWBORNS WAS OVER 5.5 LBS. 93% OF ALL DENTAL PATIENTS RECEIVED A FULL EXAM AND X-RAYS. WE KEPT 58% OF ALL DIABETICS UNDER CONTROL WITH 61% OF ALL HYPERTENSIVES BEING CONTROLLED. THE NUMBER OF MEDICAL PATIENTS SEEN TOTALED 33,136 WITH AN ESTIMATED 114,678 VISITS. IN DENTAL CARE, THE NUMBER OF PATIENTS SEEN WAS 13,256 WITH A TOTAL OF 32,682 VISITS. IN BEHAVIORAL HEALTH, 3,482 PATIENTS WERE SEEN, WITH A TOTAL OF 25,246 VISITS.

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

BRIYA CHARTER SCHOOL

EXPENSES \$ 3,680,641. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,008,857.

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

THE TAX RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS, REVIEWED BY SENIOR MANAGEMENT, AND THEN REVIEWED BY THE PRESIDENT/CEO. ONCE THE 990 FORM WAS COMPLETED, IT WAS THEN SENT TO THE BOARD OF DIRECTORS WITH THE OPTION TO ASK QUESTIONS AT A MONTHLY BOARD MEETING. 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:

BOARD MEMBERS AND STAFF SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. IF AN INTERESTED PERSON (MEMBER OF THE BOARD OF DIRECTORS, PRINCIPAL OFFICER, STAFF, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED

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

POWERS WHO HAS DIRECT OR INDIRECT FINANCIAL INTEREST IN THE ORGANIZATION) HAS KNOWLEDGE OF ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, HE/SHE MUST DISCLOSE THE EXISTENCE OF HIS/ HER FINANCIAL INTEREST AND ALL MATERIALS FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEE WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AN INTERESTED PERSON WHO HAS DISCLOSED AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST MAY ADDRESS SAID CONFLICT BY ABSTAINING FROM DISCUSSION AND RECUSING HIMSELF/HERSELF FROM VOTING ON THE ISSUE. ALTERNATIVELY, AN INTERESTED PERSON, WHO HAS DISCLOSED AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, MAY DISCLOSE A POTENTIAL FINANCIAL INTEREST AND ALL MATERIALS FACTS AND, AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE LEAVES THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS.

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS, IN FACT, FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

MARY'S CENTER'S HUMAN RESOURCES DEPARTMENT WORKS WITH H.R. CONSULTANTS TO CREATE SALARY RANGES AND CONDUCT MARKET ANALYSES FOR ALL KEY POSITIONS. THE

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

BOARD OF DIRECTORS REVIEWS AND APPROVES THE CEO'S SALARY. THE CEO REVIEWS TOP MANAGEMENT SALARIES. ALL SALARY DECISIONS ARE DOCUMENTED IN THE PERSONNEL FILES. THE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2016. A NEW ONLINE STAFF EVALUATION PROCESS TIES PAY INCREASES TO PERFORMANCE AND VALUES BEHAVIOR BASED ON HOW YOU DEMONSTRATE YOUR P.A.R.T.= PATIENT-CENTERED, ACCOUNTABLE, RESPECTFUL, AND TEAMWORK.

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

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





**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MC2 COMMUNITY DEVELOPMENT CORPORATION	K	260,001	CONTRACT
(2) MC2 COMMUNITY DEVELOPMENT CORPORATION	D	19,600,000	LOAN VALUE
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

MC2 COMMUNITY DEVELOPMENT CORPORATION

**PRIMARY ACTIVITY: SUPPORTING CHARITABLE ACTIVITIES OF MARY'S CENTER FOR MATERNAL & CHILD CARE**