Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

\overline{A}	A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20										
R		applicable	C Name of organization MARY'S CENTER INC.	,			D Employ	er identification number			
		• •									
	Address	•	Doing business as MARY'S CENTER INC.	45 street address)	T Dans-/-		E T-Iba	52-1710341			
님	Name ch	•	Number and street (or P O. box if mail is not delivered	to street address)	Room/s	oure	E retepho	ne number			
	Initial ret		PO BOx 1804		410-761-8082						
	Final retur	rn/terminated	City or town, state or province, country, and ZIP or for	eign postal code							
╚	Amende		Pasadena, MD 21123-1804				G Gross re				
	Applicati	on pending	F Name and address of principal officer			H(a) Is this a g	roup return for	subordinates? 🗌 Yes 🗹 No			
					1			s included? 🗌 Yes 🔲 No			
1	Tax-exer	npt status		no.) 4947(a)(1) or	□ 5≥7	If "N	o," attach a	ı lıst. (see ınstructions)			
J	Website	: ► WV	N.MARYSCENTERMD.ORG			H(c) Group	exemption	number ▶ 0928			
K	Form of o	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other ►	\ L Ye	ar of form	ation	M State	of legal domicile			
P	art I	Summ	ary								
	1	Briefly de	scribe the organization's mission or most sig	nificant activities	: MAR	'S CENTER IN	C.OFFER	RS PERSONAL,			
2019 Activities & Governance			ITIAL SUPPORT TO ANY WOMAN EXPERIENC								
and			ENTER INC.OFFERS FREE PREGNANCY TEST								
E	2		s box ▶ ☐ if the organization discontinued i			·					
Š	3		f voting members of the governing body (Pa			, , , , , ,	1 - 1				
<u>ن</u> مع	4		f independent voting members of the gover					6			
Se	, T		· · · · · · · · · · · · · · · · · · ·			,,	5	6			
<u>Ş</u>	5		ber of individuals employed in calendar yea	·	e 2a)			0			
टा है	6		ber of volunteers (estimate if necessary) .	(0) 11 - 40			6	41			
2	7a		lated business revenue from Part VIII, colun	• •			7a	0			
4	b	Net unre	tted business taxable income from Form 99	0-1, line 38	<u> </u>		7b	0			
63						Prior Ye		Current Year			
<u>و</u> بــ	1		ons and grants (Part VIII, line 1h)				203362	178266			
) JUL Revenue	1	-	service revenue (Part VIII, line 2g)				0	0			
Ř	1		nt income (Part VIII, column (A), lines 3, 4, ar	•			549	1858			
α^{-}	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9d	· · · · · · · · · · · · · · · · · · ·			0	0			
哭 _	12		nue-add lines 8 through 11 (must equal Part		ne 12)		203911	180124			
SCANNED	13	Grants a	d sımilar amounts paıd (Part IX, column (A),	lınes 1–3)			75095	75809			
Ř	14	Benefits	aid to or for members (Part IX, column (A), I	ine 4)			0	0			
CO ₈	15	Salaries,	ther compensation, employee benefits (Part I)	(, column (A), lines	5–10)		0	0			
يَّ	16a	Profession	nal fundraising fees (Part IX, column (A), line	e 11e)			0	0			
ĝ	b	Total fun	raising expenses (Part IX, column (D), line 2	5) ▶							
ú	17	Other ex	enses (Part IX, column (A), lines 11a-11d, 1	1f-24e)			81271	80506			
			enses. Add lines 13-17 (must equal Part IX,		5)//[[7	156366	156315			
			ess expenses. Subtract line 18 from line 12		. V [[-	47545	23809			
- 5						Beginping of Cu		End of Year			
Assets or Balances	20	Total ass	ets (Part X, line 16)	APR 2 2	2 2019	φ'	466230	490451			
Ass	21		Ities (Part X, line 26)			8	386	798			
ž			s or fund balances. Subtract line 21 from line	20 OCDE	NI I		456844	489653			
Р	art II		ure Block	E UUDE	٧, ن		_100011				
			y, I declare that I have examined this return, including ac	companying schedule	s and stat	ements, and to the	he best of n	ny knowledge, and belief, it is			
			te. Declaration of preparer (other than officer) is based of					,,			
			width A Charming	hield			111	6-10			
Sig	าก	Sign	ture of officer	acon_		Da	te	0 /			
He	-		Tudith A. Crownins	المامن	Tn	easur	or				
		Type	or print name and title			easu!	<u> </u>				
		<u> </u>	e preparer's name Preparer's signat	ıre	77 1	Date	T	PTIN			
Pa				1.1	1/2	4/10/19	Check [<u> </u>			
	epare		E Jeffers		100			P0022855			
Us	e Only	y Firm's n					's EIN ▶	440.055.0500			
<u> </u>	v the ID		dress > 649 Rossburg Ct, Pasadena, MD 2112] Pho	ne no	410-255-2539			
			this return with the preparer shown above?	(See mstructions)	• •	<u> </u>	- · · ·				
F01	Paperw	ork Redu	tion Act Notice, see the separate instructions.		Cat	No. 11282Y		Form 990 (2018)			

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

(Expenses \$

including grants of \$

ABDO IM

Part IV	Checklist of Re	equired	Sche	dules

			105	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			√
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
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? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7.		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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? If "Yes," complete Schedule D, Part VII	11b		✓
С	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? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		✓_
_		_	000	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(o)(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? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An ontity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	/	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schodule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
Part				
·	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	√	(2018)
		Forr	n サザリ	(2018)

Form **990** (2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		•	<u> </u>
			Yes	No
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	ol	l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	1		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		l i	١,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	İ		
а	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?	7a 7b		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/6		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
đ	If "Yes," indicate the number of Forms 8282 filed during the year	10		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 ′	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders]		ĺ
	Gross income from other sources (Do not net amounts due or paid to other sources	}		
	against amounts due or received from them.)	 _		-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	•			
	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			
	Enter the amount of reserves on hand	1 1	1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	}	1
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		7
	If "Yes " complete Form 4730 Schodule O	<u> </u>		

Form 9	90 (2018)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		<u> </u>
<u>Secti</u>	on A. Governing Body and Management		····	
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	6	Yes	No
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	6		
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?			1
3 4 5	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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	3 4 5		1
6 7a	Did the organization have members or stockholders?			1
b	one or more members of the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	1	
9 9	Each committee with authority to act on behalf of the governing body?	8b	V	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	
Ь	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	1	· · · · · · · · ·
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	V	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	<u></u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<u> </u>	1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			✓
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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?		<u></u>	
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	√	
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		✓
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?			
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Maryland			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (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 20	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			, and
20 	State the name, address, and telephone number of the person who possesses the organization's books and r Thomas E Jeffers, 649 Rossburg Ct, Pasadena, Maryland 21122, 410 255 2539	ecorus		

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

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

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

- 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.

Orbox and box in riciate, the organization no	1				C)	<u></u>				,	_	
(A)	(B)				ition			(D)	(É)	(F)		
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated		
	hours per					or/trust	ee)	compensation	compensation from	amount of		
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) Rev. Father Michael Roach	11											
Chairman Of The Board		✓		✓	L		L	0	0		0	
(2) Rev. Father Edward Szymanski Board Member and Secretary	11	/		1					0		0	
(0)	35	H		<u> </u>	-						<u> </u>	
(3) Judith Crowninshield Board Member and Treasurer	33	1		1				0	0		0	
(4) Rev. Father Michael DeAscani	1		<u> </u>	<u> </u>							<u> </u>	
Board Member		1						ا ا	o		0	
(5) Mary C. Brandow-Heiss	4						<u> </u>	1				
Board Member	<u>†</u>	✓							o		0	
(6) Linda Rhinehart	4											
Board Member	T				İ							
(7)												
(8)											_	
(9)											_	
(10)												
(11)	 										-	
(12)											_	
(13)												
(14)												

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck s pe	rson	e than one the thick the t	n an	(D) Reportable compensation from	(E) Reportable compensation fron related	n from	(F) Estimated amount of other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-	ons	comp fro orga and	ensation the nization related ization	n I
(15)			}										· · · · · ·	
(16)										<u> </u>				
(17)														
(18)					ļ									
(19)														
(20)								-			_			
(21)					_			-						
(22)														
(23)											\dashv			
(24)														
(25)										-				
1b	Sub-total													
c d	Total from continuation sheets to Part			· ·		· ·	•	>						
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	O of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp		est compe		d	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portal	ole d	com 000	per	isatio	s, "	nd other comp complete Sch	ensation fredule J fo	om the	e h	-	~ ·
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co			ion	fro	n any	un					-	· /
	on B. Independent Contractors								are that receive		- ¢10	0.000.06		
1	Complete this table for your five highest compensation from the organization. Repyear.								rear ending wit			ganizatıc		ax
	(A) Name and business add	ress							(B) Description of so	ervices		(C) Compens	ation	
	Total annulus of the								and finds to					
2	Total number of independent contractor received more than \$100,000 of compensations.							מז כ	ose listed abo	ove) who		_		,

Form **990** (2018)

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check ii Scriedule O	COIIIairis a	1163	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
ts	1a	Federated campaigns	s	1a	8062								
퉏	b	Membership dues .	-	1b									
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events .	-	10									
iffts ar A	d	Related organizations		1d									
s, G	е	Government grants (con	,	1e									
Contributions, and Other Sim	f	All other contributions, gi]				
uti	·	and similar amounts not incl		1f	170204								
o tri	g	Noncash contributions includ	L		44960			i					
Son	h	Total. Add lines 1a-1			•	178266							
		TOTAL FIGURE 1		<u> </u>	Business Code	170200							
Program Service Revenue	2a												
?ev	b						.,		†				
ce	C								 				
Ž	_												
u Si	d								<u> </u>				
ran	e f	All other program sen							<u> </u>				
rog	g	Total. Add lines 2a-2											
	3	Investment income											
		and other similar amo				1858							
	4	Income from investment	•		L	1636			 				
	4				. [
	5	Royalties	(i) Real	•	(ii) Personal								
			(i) rical		(ii) i cisoriai								
	6a	Gross rents				J			J				
	b	Less: rental expenses											
	С	Rental income or (loss)	<u></u>					ļ					
	d	Net rental income or (<u> </u>	•									
	7a	Gross amount from sales of	(i) Secuntie	es 	(ii) Other								
		assets other than inventory											
	b	Less: cost or other basis	}					1					
		and sales expenses .											
	С	Gain or (loss)			L								
	d	Net gain or (loss) .		•	<u> D</u>								
ne	8a	Gross income from fu	ındraising										
Other Revenue		events (not including \$	_										
Be		of contributions reporte				1							
ē		See Part IV, line 18 .		а									
둦	b	Less: direct expenses	s	b									
•	С	Net income or (loss) f	rom fundrai	sing	events . >								
	9a	Gross income from ga	aming activit	ies.									
		See Part IV, line 19 .		а	i i				Í				
	b	Less: direct expenses	s	b									
		Net income or (loss) f			ivities								
		Gross sales of in											
		returns and allowance				}		}					
	ь	Less: cost of goods s											
		Net income or (loss) f											
	<u>~</u>	Miscellaneous R			Business Code				† · · · · · · · · · · · · · · · · · · ·				
	11a				220								
					<u> </u>			 					
	b							 	 				
	C	All ather and	·						 				
	ď	All other revenue .		•				 					
	12	Total. Add lines 11a-		•	🧲	100124		 	· · · · · · · · · · · · · · · · · · ·				

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
Do no	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	75890	, 75890		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	o		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	o	0	0	
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	O	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	10000	0	10000	0
d	Lobbying	0	0	0	0
, е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	O	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				_
40	- ' '	0_	0	0	0
12	Advertising and promotion	1198	1198	1050	<u> </u>
13 14	Office expenses	2611	653	1958	
15	Royalties		<u></u>	0	
16	Occupancy	49739	46078	3249	<u>_</u>
17	Travel	73733	10078	0240	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	. 0	0	. 0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	7526	6924	602	0
23	Insurance	4211	3874	337	0
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.)				
а	Fund Raising Expense	1373	0	0	1373
b	Dues and Subscriptions	540	540	0	0
С	501c (3) Contributions	2663	2663	0	0
d	Literature	564	564	0	0
е	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	156315	138384	16558	1373
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		Check if Schedule O contains a response or note to any line in this	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	24743	1	41179
	2	Savings and temporary cash investments	365853		382773
	3	Pledges and grants receivable, net			0
	4	Accounts receivable, net		 	0
	5	Loans and other receivables from current and former officers, director trustees, key employees, and highest compensated employees Complete Part II of Schedule L	rs, es.		0
ts	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 a sponsoring organizations of section 501(c)(9) voluntary employees' beneficial organizations (see instructions). Complete Part II of Schedule L	ion ind		0
Assets	7	Notes and loans receivable, net		7	0
Ą	8、	Inventories for sale or use	34483	8	32920
	9	Prepaid expenses and deferred charges	8111		8065
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3136		
	ь		7622 33040	10c	25514
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			490451
	17	Accounts payable and accrued expenses		17	798
	18	Grants payable		18	0
	19 ·	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, director trustees, key employees, highest compensated employees, as	nd		
jab		disqualified persons. Complete Part II of Schedule L			0
_	23	Secured mortgages and notes payable to unrelated third parties			0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related this parties, and other liabilities not included on lines 17–24). Complete Part	t X		
		of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25		26	
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ complete lines 27 through 29, and lines 33 and 34.	and		
ā	27	Unrestricted net assets	451844	27	489653
Bal	28	Temporarily restricted net assets	14000	28	0
<u> </u>	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ a complete lines 30 through 34.	and		
ţ	30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund			0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
<u>Vet</u>	33	Total net assets or fund balances	. 465844	33	489653
_	34	Total liabilities and net assets/fund balances			490451

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u> .			<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1	80124
2	Total expenses (must equal Part IX, column (A), line 25)	2			1:	56315
3	Revenue less expenses. Subtract line 2 from line 1	3				23809
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			4	<u>65844</u>
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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	1 1				
_	33, column (B))	10			4	<u>89653</u>
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · </u>	<u> </u>		: i	<u> </u>
4	Assessment and the desired to assess the Fermi 2000 Clock Classical College			-+	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	-l-:- :	_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain i	n			ŀ
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	_ - a	7	
Za	· · · · · · · · · · · · · · · · · · ·		`	<u>a</u>	*	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	pilea c	?r			
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?		7	<u>-</u>	7	
•	If "Yes," check a box below to indicate whether the financial statements for the year were audit	d on	· -	_	* 	1
	separate basis, consolidated basis, or both:	ou on	"			- 1
	Separate basis Consolidated basis Both consolidated and separate basis			1	ļ	ľ
G	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	/ersiah	,, j <u> </u>	_ ^		
•	of the audit, review, or compilation of its financial statements and selection of an independent account			c	1	1
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.			ł	l	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth II	n	_ `		
	the Single Audit Act and OMB Circular A-133?		. 3	a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rgo th	е Г	T		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3	b		
			F	orm	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer** identification number Mary's Center Inc. 52-1710341 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e. 12f. and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

	on A. Public Support			,			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	183987	184701	232678	203362	178266	982994
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities					l	
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	183987	184701	232678	203362	178266	982994
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	Public support. Subtract line 5 from line 4						982994
	on B. Total Support					,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	183987	184701	232678	203362	178266	982994
8	Gross income from interest, dividends,					1	
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	345	433	499	549	1858	3684
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or					1	
	loss from the sale of capital assets						
	(Explain in Part VI.) [0	_ 0	0	0	0	0
11	Total support. Add lines 7 through 10						986678
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the	-	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	re			<u> </u>		🕨 🗀
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	99.62 %
15	Public support percentage from 2017 Sch					15	99.76 %
16a							
	box and stop here. The organization qualifies as a publicly supported organization						
b	,,						
	this box and stop here. The organization qualifies as a publicly supported organization						
17a	'a 10%-facts-and-circumstances test-2018. 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 me						
	Part VI how the organization meets the "						
	organization						🕨 🗆
b	10%-facts-and-circumstances test-20	17. If the ora	anızation dıd n	ot check a box	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
	supported organization						▶ 🗆
18	Private foundation. If the organization did	d not check a l	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions		<u>.</u> .	<u></u> .	<u></u> .	<u></u>	▶ 🗆

Part	III Support Schedule for Organiza					-	
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	low, please co	omplete Part	II.)	
	on A. Public Support			1 ()	T . n	,	<u> </u>
_	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,			/	
2	Gross receipts from admissions, merchandise		ļ	+			
_	sold or services performed, or facilities		ĺ				
	furnished in any activity that is related to the				•	'	
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
3	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	L		<u> </u>			
5	The value of services or facilities				1]	ļ
	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 .			4			
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				1		}
_			/	 			
С 8	Add lines 7a and 7b		 	 			
Ū	line 6.)	/	[•	
Secti	on B. Total Support		<u> </u>		<u> </u>		<u> </u>
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,			1		i	}
	royalties, and income from similar sources .						ļ - -
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					i	}
	acquired after June 30, 1975				ļ		
C	Add lines 10a and 10b		ļ				
11	Net income from unrelated business		{				
	activities not included in line 10b, whether or not the business is regularly carried on						
40	· /·		 	 	 		
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,			 			
10	and 12.)						
14	First five years, If the Form 990 is for the	ne organization	n's first, secon	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor				•		
15	Public support percentage for 2018 (line			13, column (f))		15	%
16	Public support percentage from 2017 Sci					16	%
Secti	on D. Computation of Investment In				-		
17	Investment income percentage for 2018 (<u>%</u>
18	Investment income percentage from 201	7 Schedule A,	Part III, line 17	7		18	<u>%</u>
19a	331/2% support tests—2018. If the organ	ization did not	check the bo	ox on line 14, a	nd line 15 is m	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
/ b	331/3% support tests—2017. If the organiz	zation did not d	neck a box on	i line 14 or line	19a, and line 16	s is more than a	ວວ'/3%, and pization ► 🗀
	line 18 is not more than 331/8%, check this						
20	Private foundation. If the organization di	id not chec <u>k a</u>	box on line 14	i, 19a, or 19b,	cneck this box	and see instru	ctions 🕨 🔲

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

Secti	on 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.	1		
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).	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.	3b		
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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
b		5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 .	9a		
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.	9b		
С	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.	9c		
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.	10a		
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.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		1
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1		·
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Casti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nctru	stion	
' a	The organization satisfied the Activities Test. Complete line 2 below.	11311111	Juons	3 /.
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization is the parent of each of its supported organizations. Complete time of below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (its supported or its supported or its supported organizations.)	see ins	structi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	
- 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			-
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
	activities but for the organization's involvement.	2b		
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.	3a	_	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations			
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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
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 Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
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 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supporti	ng organization (see		
instructions).					

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
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 whic (provide details in Part Vi). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
<u>е</u>	From 2017			
f_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u> </u>	Carryover from 2013 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			j
	Section D, line 7: \$.			<u></u>
<u>a</u> _	Applied to underdistributions of prior years Applied to 2018 distributable amount		 	
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			,
8	Breakdown of line 7:			
а	Excess from 2014			I
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Mary's Center Inc. 52-1710341 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 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? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 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. 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: 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: Assets included in Form 990, Part X .

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	Treasures,	or Ot	her Similar A	ssets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, ched	ck any of the	e follov	ving that are a	significant u	se of its
а	☐ Public exhibition		đ	□ Loan	or exchang	e prog	rams		
ь	☐ Scholarly research		е	Othe	r				
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	tion's collections a	and expl	ain how t	hey further t	the org	anization's exe	mpt purposi	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part			*****						
	Complete if the organization	answered "Yes'	' on For	m 990, I	Part IV, line	9, or	reported an ar	nount on F	orm
	990, Part X, line 21.							<u>. </u>	
1a	Is the organization an agent, trustee, included on Form 990, Part X?			-				ot 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing t	able:				
							A	mount	
C	Beginning balance					1c	+		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour								
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	kplanatio	n has been p	provide	ed on Part XIII .	<u> </u>	Щ
Par	-			000 [D = -4 B / 15 = -	40			
	Complete if the organization	(a) Current year		m 990, i or year	(c) Two years		(d) Three years bac	k (e) Four yea	are back
10	Pogunnung of woor bolongo	(a) Ourient year	(0) 1 11	oi you	(C) TWO years	back	(u) Three years bac	K (e) i oui yea	
b	Beginning of year balance Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
_	Other expenditures for facilities and							·- 	
	programs			····					
f	Administrative expenses					 	···		
g	End of year balance				L		·		
2	Provide the estimated percentage of t			e (line 1g	j, column (a)) held a	as:		
a	Board designated or quasi-endowmer		%						
D	Permanent endowment ►								
С	Temporarily restricted endowment	%	200/						
20	The percentages on lines 2a, 2b, and 3 Are there endowment funds not in the			zation the	ot are held s	and add	ministered for th		
Ja	organization by:	e possession or th	e organi.	zation th	at are nero a	ario aui	Illinistered for ti	Ye	s No
	•							3a(i)	5 110
	(i) unrelated organizations (ii) related organizations		• •	• • •				3a(ii)	
.	If "Yes" on line 3a(ii), are the related or		oc roqui					3b	
4	Describe in Part XIII the intended uses							[30]	
Part			ir o onac	A THORICA					
	Complete if the organization		on For	m 990. F	Part IV line	11a. 9	See Form 990.	Part X. line	e 10.
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book va	
	,,,,,,	(investme			ther)	• •	preciation	(-,	
1a	Land								
b	Buildings								
C	Leasehold improvements				1750		1750		0
d	Equipment				51386		25872		25514
_ е	Other								
Fotal.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	0, Part)	(, column	(B), line 100	c.)	•		25512

Part VII	Investments—Other Securities. Complete if the organization answer	ed "Ves" on For	m 990 Part IV lir	ne 11h See Forn	n 990 Part X line 12
	(a) Description of security or category (including name of security)	ed Tes Offi Off	(b) Book value	(c) Me	thod of valuation d-of-year market value
(1) Financia	derivatives				——————————————————————————————————————
(2) Closely-i	neld equity interests				
(3) Other					
(A)			·		
(B)					
(C)					
(D)				ļ	·
(E)			·	}	
(F)					
(G)					
(H)	15				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments — Program Related. Complete if the organization answer	ed "Yes" on Fori	m 990. Part IV. Jir	ne 11c. See Form	990. Part X. line 13.
···	(a) Description of investment		(b) Book value	(c) Me	thod of valuation
(1)					
(2)				 	
(3)		 			
(4)		·			
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13) ▶			<u></u>	·
Part IX	Other Assets.				
	Complete if the organization answer		ກ 990, Part IV, lir	ne 11d. See Form	
	(a) De	scription	·		(b) Book value
_(1)			·		ļ
(2)	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)					
(5)					
(6)					
(7)					<u> </u>
(8)			<u></u>		
(9)	mn (b) must equal Form 990, Part X, col. (l	3) line 15.)		. •	
Part X	Other Liabilities. Complete if the organization answer line 25.		n 990, Part IV, lir	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in					
(2)	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (I	o) must equal Form 990, Part X, col. (B) line 25) ▶				
	uncertain tax positions. In Part XIII, provide t				
organization's	s liability for uncertain tax positions under FIN	48 (ASC 740). Chec	k here if the text of t	he footnote has bee	n provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	11	180124
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		100124
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1 1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	180124
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.)	1l	
С	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	180124
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	156315
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities]	
b	Prior year adjustments		
С	Other losses]	
_. d	Other (Describe in Part XIII.)]	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	156315
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIII.)	J	
С	Add lines 4a and 4b	4c	0
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	156315
rovio 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2l t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	o; Part V, line	4; Part X, line
	·		
	,		

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

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Employer identification number

2018

OMB No 1545-0047

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, % U (h) Purpose of grant or assistance ✓ Yes 52-1710341 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▲ (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government Mary's Center Inc. Part Part 6 9 (12) 2 N Ξ 8 (10) Ξ 2 9 € 0 E

Schedule 1 (Form 990) (2018)

Cat No. 50055P

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

Schedule I (Form 990) (2018)

Clothing, Blankets, Formula and other (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. essential items. (e) Method of valuation (book, FMV, appraisal, other) ΕM 75890 (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients 1 Free Material Assistance to women in need (a) Type of grant or assistance Part IV Part III N က 4 S 9

Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization \blacktriangleright Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Employer identification number

	Center Inc.				<u>52-17103</u>	41		
Part	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	Method noncash cor			
1	Art-Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	1		44960	EMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property				 			
9	Securities—Publicly traded							
10	Securities—Closely held stock .							
11	Securities — Partnership, LLC, or trust interests							
12	Securities—Miscellaneous				 			
13		ļ. ———			 			
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other					-		•
15	Real estate - Residential							
16	Real estate—Commercial							
17	Real estate—Other		-					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy				 			
22	Historical artifacts				· · · · · · · · · · · · · · · · · · ·			
23	Scientific specimens	<u> </u>						
24	Archeological artifacts							
25					 			
26	Other ► ()	<u> </u>						
27	Other ► ()				 			
28	Other ► ()	<u> </u>			-			
					 			
29	Number of Forms 8283 received which the organization completed				29			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- G - · · · · · · · · · · · · · · · · · ·	L		Yes	No
30a	During the year, did the organization							
	28, that it must hold for at least to be used for exempt purposes to					30a		/
ь	If "Yes," describe the arrangement	t ın Part II.		•		[]		
31	Does the organization have a contributions?				onstandard	31	-	
32a	Does the organization hire or use contributions?	•	•	· •		32a		1
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	s checked,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
Mary's Center Inc.	52-1710341
Form 990 Page 6, Part VI, Line 11 B, Process To Review IRS Form 990:	
	···
After the year end audit by an independent CPA Firm, the accountant for Mary's Center prepares a drai	t copy of the IRS Form 990 and
required schedules. The director and accountant then review the draft copy and send copies of the for	m 990 to all board members to
determine if there are any questions or concerns that need to be addressed by the board of directors be	efore the Form 990 is signed
and sent to the Internal Revenue Service.	

Form 990 Page 6, Part VI Section B, Line 15a and 15b: Process for determining compensation:	
As of 12/31/18 Mary's Center does not have any paid employees. If the need would arise to hire an emp	loyee, the director would work with
the accountant to make a presentation to the board of directors. This presentation would include a job	description
and a comparison of salaries for a similar position in other non profit organizations in the general area	·
Form 990 Page 6, Part VI Section C, Line 19:	
All Corporate Documents including the IRS Form 990, Audited Financial Statements, Governing Docum	nents, Conflict of Interest
Policy etc. are available to the public upon written request.	
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