

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Roof and Gutters Replacement for Maryhurst's Flaget Cottage
Applicant Requested Amount: 19,512
Appropriation Request Amount:

Executive Summary of Request
This funding will pay for the roof and gutter replacement of Maryhurst's Flaget Cottage built in 1976. The building is 6200 sq ft with 11 bedrooms and is home to 14 girls ages 11 to 18 who require treatment for significant emotional and behavioral issues, that cause disruptions in social and academic functioning.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

...18 *Marilyn Parker* \$9,768.00 11-9-17
District # Primary Sponsor Signature Amount Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:


Roof and Gutter Replacement for Maryhurst's Flaget Cottage

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ 250.00
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7		\$ 500.00
District 8	_____	\$ _____
District 9	Bill Helder	\$ 500.00
District 10	Garrett P. Malvihill	\$ 500.00
District 11	K.J. Kramer	\$ 2000.00
District 12	_____	\$ _____
District 13	John Weir	\$ 500.00
District 14	_____	\$ _____
District 15	Marianne Butler	\$ 500.00

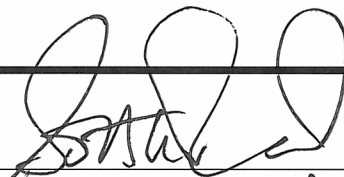

Applicant/Program:

Roof and Gutters Replacement for Maryhurst's Flaget Cottage

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16		\$ 750
District 17		\$ 500
District 18		\$
District 19		\$
District 20	Stuart Benson	\$ 500 ⁰⁰
District 21		\$
District 22	Robin J. Engl	\$ 500.00
District 23	Hedem	\$ 500 ⁰⁰
District 24		\$
District 25		\$
District 26		\$

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Maryhurst, Inc.	
Program Name and Request Amount Roof and Gutters Replacement for Maryhurst's Flaget Cottage	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Prepared by: Chris Lewis	Date: 11-9-17

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Maryhurst, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1015 Dorsey Lane, Louisville, Kentucky 40223			
Website: www.maryhurst.org			
Applicant Contact:	David Short	Title:	Director of Donor Relations
Phone:	502.271.4584	Email:	dshort@maryhurst.org
Financial Contact:	Mike Pantoja	Title:	Finance Director
Phone:	502.271.4519	Email:	mpantoja@maryhurst.org
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1015 Dorsey Lane		
Council District(s):	18	Zip Code(s):	40223
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Roof and Gutters Replacement for Maryhurst's Flaget Cottage			
Total Request: (\$)	19,512	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mission: Believing in the worth of children, strength of families, and the power of hope, we are dedicated to the healing of those in crisis through a continuum of innovative and specialized care.

Founded in 1843, Maryhurst is a Behavioral Health Services organization specializing in serving adolescent girls who are victims of neglect and abuse. We serve 400 children annually. Programming includes campus and community-based residential treatment, therapeutic foster care and adoption and two psychiatric residential treatment facilities (run in collaboration with Uspiritus) and community-based counseling for youth and their families. While our residential programs serve only adolescent females, our foster care and counseling services serve boys and girls of all ages.

Maryhurst is a leader in trauma-informed care for teenage girls. We are the ONLY agency in Kentucky both qualified and dedicated to serving the state's most traumatized adolescent girls. We welcome girls from all walks of life, many with profound cognitive, intellectual and social delays that no other residential program is able to serve.

The girls, ages 11-18, come to us having endured unimaginable trauma. All are wards of the state, and more than half have had their parents' rights terminated, leaving them "orphaned". They come with physical and psychological disabilities because they were so severely beaten or malnourished that their brains did not develop normally. They come with physical scars and impediments compounded with deep emotional wounds. They come unable to function emotionally and behaviorally on a daily basis. They are angry, hurt and have no hope in their life.

Maryhurst offers hope and healing to these girls in a safe, home-like environment. Our residential cottages are clean, brightly decorated and suited to the comfort and needs of each girl. Our Facilities Manager works diligently maintain the integrity of the structures, assesses any maintenance issues that arise, and coordinates repairs in a timely manner. His relationships with local businesses give Maryhurst access to quality work at competitive prices. Keeping our cottages structurally sound, clean and safe is just one part of Maryhurst's larger effort to protect these girls and restore them to full health.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Laurie Schalow, Chair (12/2017)	Cynthia McClellen, First Vice Chair (See terms by names)
Rachel Owsley, Secretary (12/2018)	Tim Rutledge , Second Vice Chair (12/2018)
Toni Clem, Asst. Secretary (12/2017)	Tamra L. Koshewa, Treasurer (12/2018)
Robin Powell, Past Chair (12/2017)	David Burks, Asst. Treasurer (12/2018)
Madeline Abramson (Lifetime member)	Britainy Beshear (12/2019)
Marland Cole (12/2018)	Drew Fellon (12/2019)
Tia Gibbs (12/2018)	Clinton L. Glasscock (12/2017)
Angie Gosman (12/2019)	Anne Marie Gossman (12/2019)
Elizabeth Jeffries (12/2019)	Valle Jones (12/2019)
Virginia K. Judd (12/2017)	Colleen S. Lyons (12/2018)
Lisa Manning (12/2019)	Rebecca Martin (12/2018)
Mark McCloud (12/2019)	Sr. Glynis McManamon (12/2018)
Michelle D. Mudd (12/2017)	Jennifer Nolan (12/2018)
Thomas Powell (12/2018)	Jeff Slyn (12/2019)
Melissa Swan (12/2018)	Phil Tarullo (12/2020)
Colleen Underhill (12/2019)	Marita Willis (12/2019)

Describe the Board term limit policy:

One term is three years. Each board member may choose to serve 3 terms, allowing for a potential of 9 years of service.

Three Highest Paid Staff Names	Annual Salary
Judy Lambeth, President and CEO	148,355
Michelle Kersting, CFO	97,920
Katherine Kern, VP of Development	90,515

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SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Built in 1976, Flaget Cottage is a one-story, 6200 square foot building with 11 bedrooms, 14 beds and 5 bathrooms. It offers a spacious open porch in the midst of Marhurst's Dorsey Lane Campus. It is home to 14 girls ages 11 to 18 who require treatment for significant limitations in managing emotions, particularly anger & aggression; patterns of hostile, oppositional and defiant behaviors; and aggressive behaviors. These emotional and behavioral challenges cause significant disruptions in social & academic functioning.

We solicited bids for a replacement roof and new gutters and would select American Roofing and Metal. The attached quote outlines the exact costs related to these repairs for a total of \$19,512.00. See attached quote.

The project will begin upon receipt of the grant funds and terminate within the contracted grant period.

Built 1976
Square footage 6200
Bedrooms 11, beds 14. 5 baths
Basement, no
large open back porch
Address, 1015 Dorsey. It's on campus



B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

If awarded, the grant funds would be spent on the labor and materials included in the attached proposal. There are not sub grantees attached to this project. All work will be completed within the twelve-month grant period.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

Not applicable.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

jl

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

Maryhurst welcomes girls who have experienced severe trauma and unimaginable neglect and abuse. Eighty percent of our population are classified "Level 5 Specialized" by the Kentucky Cabinet for Health and Family Services (KCHFS). This classification means these girls are the highest need population and cannot receive treatment anywhere else in the state. Maryhurst is uniquely qualified to provide this specialized care for adolescent girls. Flaget Cottage houses 14 girls who fall into at least one of three categories: 1) dually-diagnosed as Mentally Retarded Developmentally Disabled MRDD and Severely Emotionally Disabled; 2) those who have significant challenges with anger management; and 3) those who struggle with sexual behavior problems.

Our girls are often wards of the state as parents have waived their legal rights. As their caregivers, it is our duty to provide safe, clean housing where they can begin to heal. Flaget Cottage's roof is "at the end of its life" having multiple areas that leak and gutters in disrepair.

The new roof and gutters will protect the girls from leaks, mold and other issues inherent with roof and gutter damage. Our Facilities Manager, George Stevens has worked closely with American Roofing and Metal Co. on prior projects. He has experience with American Roofing's excellent work standards and with their commitment to timely project completion. Mr. Stevens will track and report progress on the roof and gutter replacement as required by the grant contract.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

Maryhurst's existing collaborative relationships support both residential treatment and community-based counseling services. We enjoy partnerships with:

- *Kentucky Cabinet for Health and Family Services (primary contractor for services)
- *Jefferson County Public Schools (Maryhurst has a JCPS school on-site)
- *Uspiritus (Maryhurst co-manages 2 psychiatric residential treatment facilities with Uspiritus)
- *Jefferson County Child Protective Services
- *Norton Children's Hospital
- *Spalding University: master's level occupational therapy interns
- *University of Louisville: master's level psychology, education, and social work interns

This list is not exhaustive, but it demonstrates the variety of partnerships that support Maryhurst's ability to address the unique needs of more than 300 children and their families each year.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (See Detailed List on Page 8)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (See Detailed List on Page 8)	0	0	0
J: Machinery & Equipment	0	0	0
K: Capital Project	19,512	0	19,512
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	100 %	0 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:


Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	0
Fees Collected from Program Participants	0
Other (please specify)	0
Total Revenue for Columns 2 Expenses **	0

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
N/A			
Total			0

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>	<p align="center">N/A</p>	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1, 2017

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

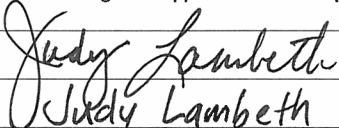
Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	9.11.2017
Legal Signatory: (please print):	Judy Lambeth	Title:	President & CEO
Phone:	502.271.4508	Extension:	—
Email:	judy.lambeth@marghurst.org		

Internal Revenue Service

Date: October 4, 2004

Maryhurst Inc.,
% Business Office
1015 Dorsey Lane
Louisville, KY 40223-2612

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Jocie Bradshaw #31-02167
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
[REDACTED]

Dear Sir or Madam:

This is in response to your request of October 4, 2004, regarding your organization's tax-exempt status.

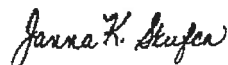
In January 1998 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Maryhurst, Inc.
Operating Budget
FY July 1, 2017 - June 30, 2018

Client Revenues	\$ 10,114,391
Metro United Way	\$ 173,840
Unrestricted	\$ 463,750
Fund Raising	\$ 464,000
Grants & Restricted Funds	\$ 1,065,000
Other Income	\$ 2,111,226
Total Income	\$ 14,392,207
Personnel Cost	\$ 11,410,641
Program Expenses	
Foster Care Per Diems	\$ 319,011
Food	\$ 232,810
Clothing	\$ 73,400
Recreation & Activities	\$ 56,403
Allowances	\$ 68,180
Clinical Consultants	\$ 53,400
Other Program Expense	\$ 126,407
Total Programming Expense	\$ 929,611
General & Administrative	
Computer Services	\$ 77,059
Repairs & Maintenance	\$ 48,360
Contract Services	\$ 215,952
Insurance	\$ 184,084
Interest Expense	\$ 48,000
Depreciation	\$ 315,750
Utilities	\$ 213,780
Other General & Administrative Expense	\$ 927,352
Total General & Administrative Expense	\$ 2,030,337
Total Expense	\$ 14,370,589
Revenues in Excess of Expense (Deficit)	\$ 21,618

Maryhurst, Inc.
Statement of Activities
For the One Month Ending Monday, July 31, 2017

	Month			
	Actual	Budget	Fav (Unfav) Variance	
Cash Contributions	28,742.	3,333.	25,409.	762.3% Timing
Non Cash Contributions	273.	442.	(169.)	-38.2%
United Way Contribution	14,890.	14,487.	403.	2.8%
Total Events	16,035.	10,000.	6,035.	60.4% Polo Match
Investment Income	4,033.	3,071.	962.	31.3%
Total Development	63,973.	31,333.	32,640.	104.2%

					(\$10k) is due to lower TBSS revenue and (\$6k Outpatient revenue (both are more than offset by lower expenses). (\$17k) is due to lower Foster Care census and (\$15k) is due to
Client Revenue	765,635.	816,495.	(50,860.)	-6.2%	reduced census at Rosehaven.
Grants	50,000.	31,750.	18,250.	57.5%	Lift-a-life grant (Timing on budget)
MB Care Revenue	146,795.	129,193.	17,602.	13.6%	
MB Care Gain/Loss	8,000.	8,973.	(973.)	-10.8%	
School Lunch	12,779.	11,625.	1,154.	9.9%	
Management Fee Income- Neighborhood House	8,533.	8,333.	200.	2.4%	
Other Income	88.		88.	0.0%	
Total Other	21,400.	19,958.	1,442.	7.2%	
Total Income	1,055,803.	1,037,702.	18,101.	1.7%	

Personnel Cost
Compensation

					Approximately \$7k is covered by additional revenue for one-on-one staffing at MB Care and \$17k is due to longer shifts due to a
Salaries and Wages	789,645.	771,291.	(18,354.)	-2.4%	reduction in summer school hours per day.
Overtime	58,349.	45,398.	(12,951.)	-28.5%	There was \$28K in PTO usage and payouts for
NEO	4,887.	8,520.	3,633.	42.6%	July which is offset by the Personal Time Off
Personnel Time Off	(28,352.)	-	28,352.	0.0%	Line item. Other offsets are due to lower
Temp Help	120.	-	(120.)	0.0%	staffing in TBSS & Outpatient.
Total Compensation	824,649.	825,209.	560.	0.1%	

Benefits and Taxes

Employees Assistance Program	720.	728.	8.	1.1%	
FICA Tax	62,921.	62,737.	(184.)	-0.3%	
Life, Health and Disability Insurance	39,438.	38,754.	(684.)	-1.8%	
Retirement Expense	9,324.	9,384.	60.	0.6%	
Workers Compensation Insurance	17,867.	17,867.	-	0.0%	
Unemployment Compensation	-	667.	667.	100.0%	
Staff Appreciation	2,651.	2,458.	(193.)	-7.9%	
Staff Development	10,147.	9,121.	(1,026.)	-11.2%	
Staff Development - Travel	18.	598.	580.	97.0%	
Total Benefits	143,086.	142,314.	(772.)	-0.5%	
Recruitment Expenses	7,819.	9,792.	1,973.	20.1%	
Total Personnel Costs	975,554.	977,315.	1,761.	0.2%	

Program Expenses

Allowances	6,224.	5,682.	(542.)	-9.5%	
Boutique	-	95.	95.	100.0%	
Clinical Consultants	3,094.	4,450.	1,356.	30.5%	
Clothing	2,177.	1,675.	(502.)	-30.0%	
Educational Expenses	14.	-	(14.)	0.0%	
Events and Acknowledgements	104.	464.	360.	77.6%	
Family Support	592.	315.	(277.)	-87.9%	
Food	19,884.	18,980.	(904.)	-4.8%	
Foster Parent Background Checks	-	200.	200.	100.0%	
Foster Care Per Diems	20,003.	25,079.	5,076.	20.2%	Offset to Lower Revenue
Foster Parent Recruitment	-	150.	150.	100.0%	
Foster Care Support	97.	80.	(17.)	-21.3%	

Maryhurst, Inc.
Statement of Activities
For the One Month Ending Monday, July 31, 2017

House Supplies	5,899.	5,223.	(676.)	-12.9%	
In service Training - FTH	-	25.	25.	100.0%	
Local Busfare	-	122.	122.	100.0%	
Medical Supplies	1,566.	1,438.	(128.)	-8.9%	
Misc. Resident Expenses	1,454.	943.	(511.)	-54.2%	
Resident Personal Care Expenses	605.	820.	215.	26.2%	
Recreation and Activities	3,939.	5,084.	1,145.	22.5%	
School Supplies	1,649.	270.	(1,379.)	-510.7%	Timing
Temporary Placement Expense	-	34.	34.	100.0%	
Thearapeutic Pet Expense	-	30.	30.	100.0%	
Total Program Expenses	67,301.	71,159.	3,858.	5.4%	
General and Administrative Expenses					
Advertising	25.	10,775.	10,750.	99.8%	Timing
Accounting Fees	2,358.	2,358.	-	0.0%	
Bad Debt	-	4,840.	4,840.	100.0%	
Legal Fees	-	2,667.	2,667.	100.0%	
Bank Service Charges	5,940.	5,375.	(565.)	-10.5%	
Building and Grounds Expenses	489.	950.	461.	48.5%	
Business Travel Expenses	-	183.	183.	100.0%	
Computer Support and Subscriptions	1,504.	4,935.	3,431.	69.5%	
Contract Expenses	16,027.	18,091.	2,064.	11.4%	
Copier	1,789.	1,768.	(21.)	-1.2%	
Depreciation	26,000.	26,000.	-	0.0%	
Donor Cultivation	101.	422.	321.	76.1%	
Dues	2,034.	8,761.	6,727.	76.8%	Timing
Equipment Rental	-	157.	157.	100.0%	
Events	8,120.	4,338.	(3,782.)	-87.2%	Polo Match & Ignite Louisville.
Food	783.	576.	(207.)	-35.9%	
Insurance - Property	13,698.	14,561.	863.	5.9%	
Interest	9,273.	9,000.	(273.)	-3.0%	
Licensing Fees	189.	240.	51.	21.3%	
Repairs and Maintenance	2,117.	4,030.	1,913.	47.5%	Timing
Mileage	1,581.	3,532.	1,951.	55.2%	
Office Supplies	1,798.	2,208.	410.	18.6%	
Postage	1,619.	2,758.	1,139.	41.3%	Timing
Printing	838.	1,335.	497.	37.2%	
Professional Consultants	3,558.	3,008.	(550.)	-18.3%	
Publications	16.	77.	61.	79.2%	
Rent	1,347.	1,647.	300.	18.2%	
Small Equipment Purchases	323.	3,456.	3,133.	90.7%	Timing
Telephone - Cellular & Pagers	4,362.	2,467.	(1,895.)	-76.8%	New plan is not effective until the September invoice
Telephone - Frame Relay	743.	852.	109.	12.8%	
Telephone - Local Service	6,868.	7,492.	624.	8.3%	
Telephone - Long Distance	93.	110.	17.	15.5%	
Utilities	21,404.	17,696.	(3,708.)	-21.0%	Timing
Vehicle - Fuel	2,000.	3,195.	1,195.	37.4%	
Vehicle - Lease Expense	5,319.	4,577.	(742.)	-16.2%	
Vehicle - Maintenance and Repair	110.	1,210.	1,100.	90.9%	Timing
Total Administrative and General	142,426.	175,647.	33,221.	18.9%	
Total Expenses	1,185,281.	1,224,121.	38,840.	3.2%	
Revenues in Excess of Expenses					
(Deficit) - excluding Investment Activities	(129,478.)	(186,419.)	56,941.	-30.5%	

Form **990**

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

2015

Open to Public Inspection

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.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARYHURST, INC.		D Employer identification number [REDACTED]
	Doing business as		E Telephone number (502) 245-1576
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,331,585.
	1015 DORSEY LANE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40223		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: JUDITH LAMBETH SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MARYHURST.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1990 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MARYHURST IS A BEHAVIORAL HEALTH SERVICES ORGANIZATION SERVING YOUTH AND THEIR FAMILIES THROUGH A		
	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	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	454
	6 Total number of volunteers (estimate if necessary)	6	250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	117,140.
b 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)	3,004,605.	2,449,517.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,900,236.	9,982,443.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	164,410.	210,045.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	134,183.	133,294.
		13,203,434.	12,775,299.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,530.	17,590.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,929,873.	9,693,052.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 645,217.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,548,797.	2,836,486.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,500,200.	12,547,128.	
19 Revenue less expenses. Subtract line 18 from line 12	1,703,234.	228,171.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	11,540,195.	11,311,706.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,503,814.	2,206,142.
		9,036,381.	9,105,564.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JUDITH LAMBETH, PRESIDENT, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JEFFREY K MCCAFFREY	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC	Firm's EIN ▶ [REDACTED]	Firm's address ▶ 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187		
Phone no. (502) 426-9660					

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

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: MARYHURST IS A BEHAVIORAL HEALTH SERVICES ORGANIZATION SERVING YOUTH AND THEIR FAMILIES THROUGH A WIDE RANGE OF INNOVATIVE, TRAUMA-INFORMED PROGRAMMING.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 7,001,897. including grants of \$ 17,590.) (Revenue \$ 6,042,893.) MARYHURST'S CAMPUS-BASED TREATMENT PROGRAM SERVES GIRLS, AGES 11-17 WHO ARE WARDS OF THE STATE DUE TO DEPENDENCY ISSUES. YOUTH LIVE IN SPECIALIZED COTTAGES DEPENDING ON THEIR TREATMENT NEEDS AND ATTEND AN ON-CAMPUS SCHOOL RUN IN COLLABORATION WITH OUR LOCAL SCHOOL SYSTEM.

4b (Code:) (Expenses \$ 2,307,476. including grants of \$) (Revenue \$ 1,569,185.) MARYHURST'S COMMUNITY BASED TREATMENT PROGRAMS SERVE GIRLS, AGES 13-20, WHO ARE WARDS OF THE STATE DUE TO DEPENDENCY ISSUES. THROUGH SPECIALIZED PROGRAMMING, YOUTH LEARN THE INDEPENDENT LIVING SKILLS NEEDED FOR THE TRANSITION TO ADULTHOOD AND EXPLORE COLLEGE AND CAREER OPTIONS.

4c (Code:) (Expenses \$ 956,301. including grants of \$) (Revenue \$ 938,122.) MARYHURST'S THERAPEUTIC FOSTER CARE PROGRAM SERVES GIRLS AND BOYS, AGES BIRTH - 20 YEARS, WHO ARE WARDS OF THE STATE DUE TO DEPENDENCY ISSUES. SOME OF THE FOSTER CARE PLACEMENTS TURN INTO ADOPTIONS. MANY OF THE PLACEMENTS ARE FOR SIBLING GROUPS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,118,889. including grants of \$) (Revenue \$ 1,432,243.)

4e Total program service expenses 11,384,563.

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 Section 501(c)(3) organizations. 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

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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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 <i>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</i>		
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

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

Main form table with columns for question numbers (1a-14b), Yes/No boxes, and numerical responses (e.g., 18, 0, 454).

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 28		
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 28		
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	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **► KY**
- 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: **►**
MARYHURST, INC. - 502-245-1576
1015 DORSEY LANE, LOUISVILLE, KY 40223-2612

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) ROBIN POWELL PAST CHAIR	2.00	X		X				0.	0.	0.
(2) WILLIAM H. HOLLANDER DIRECTOR	2.00	X		X				0.	0.	0.
(3) LAURIE SCHALOW CHAIR	2.00	X		X				0.	0.	0.
(4) CYNTHIA MCCLELLEN FIRST VICE CHAIR	2.00	X		X				0.	0.	0.
(5) MADELINE ABRAMSON DIRECTOR	2.00	X						0.	0.	0.
(6) BRITIANY BESHEAR DIRECTOR	2.00	X						0.	0.	0.
(7) DAVID B. BURKS ASSISTANT TREASURER	2.00	X						0.	0.	0.
(8) TONI CLEM ASSISTANT SECRETARY	2.00	X						0.	0.	0.
(9) CLINTON L. GLASSCOCK DIRECTOR	2.00	X						0.	0.	0.
(10) VALLE JONES DIRECTOR	2.00	X						0.	0.	0.
(11) TAMRA KOSHEWA TREASURER	2.00	X						0.	0.	0.
(12) COLLEEN S. LYONS DIRECTOR	2.00	X						0.	0.	0.
(13) SR. GLYNIS MCMANAMON DIRECTOR	2.00	X						0.	0.	0.
(14) JENNIFER NOLAN DIRECTOR	2.00	X						0.	0.	0.
(15) RACHEL OWSLEY SECRETARY	2.00	X						0.	0.	0.
(16) TIM RUTLEDGE SECOND VICE CHAIR	2.00	X						0.	0.	0.
(17) ANGIE GOSMAN DIRECTOR	2.00	X						0.	0.	0.

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 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			
(18) ANNE MARIE GOSSMAN DIRECTOR	2.00	X						0.	0.	0.
(19) ELIZABETH JEFFERIES DIRECTOR	2.00	X						0.	0.	0.
(20) LISA MANNING DIRECTOR	2.00	X						0.	0.	0.
(21) JEFF SLYN DIRECTOR	2.00	X						0.	0.	0.
(22) MARITA WILLIS DIRECTOR	2.00	X						0.	0.	0.
(23) MICHELLE D. MUDD DIRECTOR	2.00	X						0.	0.	0.
(24) VIRGINIA K. JUDD DIRECTOR	2.00	X						0.	0.	0.
(25) MARLAND COLE DIRECTOR	2.00	X						0.	0.	0.
(26) TIA GIBBS DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								663,977.	0.	50,986.
d Total (add lines 1b and 1c)								663,977.	0.	50,986.

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

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

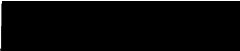
Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



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 hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEANELL HUGHES DIRECTOR	2.00	X					0.	0.	0.	
(28) REBECCA MARTIN DIRECTOR	2.00	X					0.	0.	0.	
(29) THOMAS POWELL DIRECTOR	2.00	X					0.	0.	0.	
(30) MELISSA SWAN DIRECTOR	2.00	X					0.	0.	0.	
(31) RONALD L. GAFFNEY DIRECTOR	2.00	X					0.	0.	0.	
(32) JUDY LAMBETH CEO/PRESIDENT	40.00			X			145,162.	0.	7,735.	
(33) MARSHA ESAREY VICE PRESIDENT OF OPERATIO	40.00			X			79,385.	0.	383.	
(34) ROGER CREWS CFO	40.00			X			107,163.	0.	8,402.	
(35) JENNIFER MORAN VICE PRESIDENT OF DEVELOPM	40.00			X			64,467.	0.	3,420.	
(36) PAULA GARDNER EXECUTIVE DIRECTOR MB CARE	40.00			X			65,304.	0.	8,468.	
(37) STEVEN FARR VICE PRESIDENT OF HR	40.00			X			65,922.	0.	8,877.	
(38) BRENDA SHORT VICE PRESIDENT OF QUALITY	40.00			X			69,994.	0.	7,799.	
(39) STEVEN OCHS VICE PRESIDENT OF DEVELOPM	40.00			X			66,580.	0.	5,902.	
Total to Part VII, Section A, line 1c								663,977.		50,986.

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 206,033.				
	b Membership dues	1b				
	c Fundraising events	1c 265,409.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 94,079.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,883,996.				
	g Noncash contributions included in lines 1a-1f: \$	65,975.				
	h Total. Add lines 1a-1f		2,449,517.			
Program Service Revenue	2 a TREATMENT & RESIDENTIAL	Business Code 623990	9,982,443.	9,982,443.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		9,982,443.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		64,880.		64,880.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,617,354.			
		(ii) Other	5,693.			
		b Less: cost or other basis and sales expenses	2,477,882.	0.		
		c Gain or (loss)	139,472.	5,693.		
	d Net gain or (loss)		145,165.		145,165.	
	8 a Gross income from fundraising events (not including \$ 265,409. of contributions reported on line 1c). See Part IV, line 18	a	32,500.			
		b Less: direct expenses	b 60,208.			
c Net income or (loss) from fundraising events			-27,708.		-27,708.	
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	35,336.				
	b Less: cost of goods sold	b 18,196.				
	c Net income or (loss) from sales of inventory		17,140.	17,140.		
Miscellaneous Revenue		Business Code				
11 a MANAGEMENT FEES	541610	100,000.		100,000.		
b GAIN ON MB CARE INVESTMENT	523000	74,570.			74,570.	
c EMPLOYEE LUNCHES	900099	257.			257.	
d All other revenue	523000	-30,965.			-30,965.	
e Total. Add lines 11a-11d		143,862.				
12 Total revenue. See instructions.		12,775,299.	9,982,443.	117,140.	226,199.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	17,590.	17,590.		
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	687,708.	457,191.	106,962.	123,555.
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	7,525,138.	7,075,552.	202,747.	246,839.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,773.	14,450.	3,524.	2,799.
9 Other employee benefits	852,751.	747,854.	52,992.	51,905.
10 Payroll taxes	606,682.	562,585.	17,660.	26,437.
11 Fees for services (non-employees):				
a Management				
b Legal	78,387.	49,330.	29,057.	
c Accounting	30,704.	15,352.	15,352.	
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.)	74,563.	48,501.	25,792.	270.
12 Advertising and promotion				
13 Office expenses	256,577.	194,684.	9,941.	51,952.
14 Information technology	51,025.	20,177.	2,343.	28,505.
15 Royalties				
16 Occupancy	286,828.	274,252.	4,407.	8,169.
17 Travel	116,043.	111,629.	25.	4,389.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	44,061.	42,166.	573.	1,322.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	322,429.	308,566.	4,191.	9,672.
23 Insurance	156,095.	149,383.	2,029.	4,683.
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 FOSTER PARENT EXPENSE	405,552.	405,552.		
b MEALS	241,506.	241,506.		
c CONTRACT SERVICES	218,396.	170,029.	13,074.	35,293.
d OTHER EXPENSES	171,421.	123,619.	4,824.	42,978.
e All other expenses	382,899.	354,595.	21,855.	6,449.
25 Total functional expenses. Add lines 1 through 24e	12,547,128.	11,384,563.	517,348.	645,217.
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 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	592,127.	1	571,588.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,267,339.	3	552,665.
	4	Accounts receivable, net	855,722.	4	775,633.
	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	8,152.	8	8,787.
	9	Prepaid expenses and deferred charges	86,374.	9	91,282.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,156,439.		
	b	Less: accumulated depreciation	10b 4,013,717.	10c	6,142,722.
	11	Investments - publicly traded securities	1,649,857.	11	2,065,899.
	12	Investments - other securities. See Part IV, line 11	311,933.	12	306,653.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	959,849.	15	796,477.
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,540,195.	16	11,311,706.	
Liabilities	17	Accounts payable and accrued expenses	1,019,230.	17	788,570.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	1,484,584.	23	1,417,572.
	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		25	
	26	Total liabilities. Add lines 17 through 25	2,503,814.	26	2,206,142.
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	4,157,798.	27	6,787,295.
	28	Temporarily restricted net assets	3,524,481.	28	990,158.
	29	Permanently restricted net assets	1,354,102.	29	1,328,111.
	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	Total net assets or fund balances	9,036,381.	33	9,105,564.	
34	Total liabilities and net assets/fund balances	11,540,195.	34	11,311,706.	



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	12,775,299.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,547,128.
3	Revenue less expenses. Subtract line 2 from line 1	3	228,171.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,036,381.
5	Net unrealized gains (losses) on investments	5	-158,988.
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	9,105,564.

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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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		

Form 990 (2015)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **MARYHURST, INC.** Employer identification number [Redacted]

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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: _____
- 5 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.)
- 6 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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.**
 - 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.**
 - 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.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2561719.	3256897.	2220780.	3015003.	2449517.	13503916.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2561719.	3256897.	2220780.	3015003.	2449517.	13503916.
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.						13503916.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2561719.	3256897.	2220780.	3015003.	2449517.	13503916.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,650.	59,795.	67,012.	75,902.	64,880.	309,239.
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.)	305,638.	336,721.	284,876.	267,758.	283,334.	1478327.
11 Total support. Add lines 7 through 10						15291482.
12 Gross receipts from related activities, etc. (see instructions)					12	45,383,143.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	88.31	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	88.23	%

16a 33 1/3% support test - 2015. 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

b 33 1/3% support test - 2014. 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

17a 10% -facts-and-circumstances test - 2015. 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

b 10% -facts-and-circumstances test - 2014. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?	11a	
b A family member of a person described in (a) above?	11b	
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.	11c	

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.	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	

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).	1	

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?	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.	3	

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 The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c 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.

	Yes	No
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 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	
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.	3b	

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. 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)
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	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-functionally-integrated Type III supporting organization (see instructions).

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.)

SCHEDULE A, PART II, LINE 10, COLUMN E

OTHER INCOME INCLUDES MISCELLANEOUS REVENUE FROM STATEMENT OF REVENUE (PART VIII LINE 11E), AS WELL AS GAIN ON SECURITIES FROM STATEMENT OF REVENUE (PART VIII, LINE 7D.)

Multiple horizontal lines 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.

OMB No. 1545-0047

2015

Name of the organization

MARYHURST, INC.

Employer identification number



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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not 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) (2015)

Name of organization

Employer identification number

MARYHURST, INC.



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		\$ 1,020,282.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 201,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 454,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 138,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MARYHURST, INC.** Employer identification number XXXXXXXXXX

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
7	_____ _____ _____	\$ 139,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 100,000.	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.)
	_____ _____ _____	\$ _____	Person <input 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

Employer identification number

MARYHURST, INC.



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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

MARYHURST, INC.



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.

Form with four sections for reporting gifts. Each section includes columns for (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, and (d) Description of how gift is held. Below each section is a section for (e) Transfer of gift, with sub-columns for Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **MARYHURST, INC.** Employer identification number XXXXXXXXXX

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 990 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		35,136.
j Total. Add lines 1c through 1i			35,136.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION PAYS DUES TO CHILDREN'S ALLIANCE, INC., AND A

PERCENTAGE OF THESE DUES WERE DESIGNATED AS LOBBYING EXPENSES IN THE CURRENT YEAR.

THE ORGANIZATION PAYS DUES TO BART BALDWIN, A CONSULTANT, AND THE FULL



Part IV Supplemental Information (continued)

AMOUNT OF THESE DUES WERE DESIGNATED AS LOBBYING EXPENSES IN THE
CURRENT YEAR.

Lined area for supplemental information.

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.**

OMB No. 1545-0047

2015

Open to Public Inspection

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

Name of the organization

MARYHURST, INC.

Employer identification number

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.

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under 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

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:

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

	Amount
1c	
1d	
1e	
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	2,194,048.	2,146,559.	2,056,131.	1,830,816.	2,150,884.
b Contributions	424,123.	6,700.	24,500.	2,905.	19,175.
c Net investment earnings, gains, and losses	-25,562.	68,234.	272,655.	179,856.	3,757.
d Grants or scholarships					
e Other expenditures for facilities and programs	-14,040.	-27,445.	-206,727.	42,554.	343,000.
f Administrative expenses					
g End of year balance	2,578,569.	2,194,048.	2,146,559.	2,056,131.	1,830,816.

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

- a Board designated or quasi-endowment 48.00 %
- b Permanent endowment 52.00 %
- c Temporarily restricted endowment _____ %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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	695,066.			695,066.
b Buildings	7,462,631.		3,336,931.	4,125,700.
c Leasehold improvements				
d Equipment	1,998,742.		676,786.	1,321,956.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,142,722.

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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) BENEFICIAL INTEREST IN THIRD-PARTY TRUSTS	512,670.
(2) PLEDGES RECEIVABLE	283,807.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	796,477.

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)	
(3)	
(4)	
(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

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	13,681,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-158,988.	
	b Donated services and use of facilities	2b	1,004,549.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	60,208.	
	e Add lines 2a through 2d	2e	905,769.	
3	Subtract line 2e from line 1		3	12,775,299.
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	12,775,299.

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	13,611,885.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	1,004,549.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	60,208.	
	e Add lines 2a through 2d	2e	1,064,757.	
3	Subtract line 2e from line 1		3	12,547,128.
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	12,547,128.

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:

THE ENDOWMENT FUNDS CONSIST OF INVESTMENTS MAINTAINED BY FINANCIAL INSTITUTIONS AND BENEFICIAL INTEREST IN THIRD PARTY TRUSTS HELD BY COMMUNITY FOUNDATIONS FOR USE IN OPERATIONS AS DESIGNATED BY THE BOARD OF TRUSTEES OR DONOR. THE INVESTMENTS HELD IN THIRD PARTY TRUSTS ARE DONOR RESTRICTED FUNDS. MARYHURST BOARD OF TRUSTEES DOES NOT HAVE INPUT OR AUTHORITY OVER THE NATURE AND TYPE OF INVESTMENTS HELD IN THE THIRD PARY TRUSTS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE USE OF THE ENDOWMENTS ARE TO SUPPORT

Part XIII Supplemental Information (continued)

THE ORGANIZATIONS MISSION AND SCHOLARSHIP PROGRAM.

PART X, LINE 2:

MARYHURST, INC. IS EXEMPT FROM FEDERAL, KENTUCKY, AND LOCAL INCOME TAXES AS NOT-FOR-PROFIT ORGANIZATIONS DESCRIBED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION FILES AN INFORMATIONAL TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF THE ATTORNEY GENERAL. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATIONS TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

AS OF JUNE 30, 2015, MARYHURST, INC. DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEAR THEN ENDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES 60,208.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES 60,208.

SCHEDULE G
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

MARYHURST, INC.

Employer identification number

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<ul style="list-style-type: none"> a <input type="checkbox"/> Mail solicitations b <input type="checkbox"/> Internet and email solicitations c <input type="checkbox"/> Phone solicitations d <input type="checkbox"/> In-person solicitations 	<ul style="list-style-type: none"> e <input type="checkbox"/> Solicitation of non-government grants f <input type="checkbox"/> Solicitation of government grants g <input type="checkbox"/> Special fundraising events
--	---

- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
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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
		JOURNEY OF HOPE LUNCHEO		2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	277,827.	20,082.	297,909.
	2	Less: Contributions	245,327.	20,082.	265,409.
	3	Gross income (line 1 minus line 2)	32,500.		32,500.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	32,500.	0.	32,500.
	8	Entertainment			
	9	Other direct expenses	27,708.	0.	27,708.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			60,208.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-27,708.

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			
Direct Expenses	2	Cash prizes			
	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: _____



- 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.

OMB No. 1545-0047

2015
Open to Public
Inspection

Name of the organization **MARYHURST, INC.** Employer [REDACTED]

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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. Schedule I (Form 990) (2015)

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 non-cash assistance
SCHOLARSHIPS FOR CURRENT RESIDENTS OR ALUMNI OF MARYHURST	10	17,590.	0.		

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

SCHEDULE I, PART III, LINE 1(A)

THE CRITERIA USED FOR THE SCHOLARSHIP PROGRAM ARE: RECIPIENT MUST BE CURRENT RESIDENT OR ALUMNI OF MARYHURST, MUST BE A HIGH SCHOOL GRADUATE, MUST BE ENROLLED IN A POST-HIGH SCHOOL PROGRAM THAT WILL ASSIST THE INDIVIDUAL IN GETTING A JOB AND MUST BE APPROVED BY A COMMITTEE WHICH IS MADE UP OF THE MARYHURST STAFF, A BOARD MEMBER AND OTHER VOLUNTEERS. THE RECIPIENT DOES NOT HAVE TO BE A CURRENT RESIDENT OF THE STATE OF KENTUCKY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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.

Name of the organization

MARYHURST, INC.

Employer identification number

[REDACTED]

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X
<p>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:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	X
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X
<p>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</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

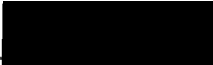
Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUDY LAMBETH CEO/PRESIDENT	(i)	145,162.	0.	0.	0.	7,735.	152,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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.

Multiple horizontal lines provided for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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.

Name of the organization **MARYHURST, INC.** Employer identification number XXXXXXXXXX

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				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>GIFT CARDS</u>)	X	300	57,875	FACE VALUE
26	Other ▶ (<u>MISCELLANEOUS</u>)	X	4	17,530	FAIR VALUE
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

	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 is not required to be used for exempt purposes for the entire holding period?	30a	X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
b If "Yes," describe in Part II.		
33 If the organization did not 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) (2015)



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.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

MARYHURST, INC.

Employer identification number

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

WIDE RANGE OF INNOVATIVE, TRAUMA-INFORMED PROGRAMMING.

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

MARYHURST, INC. HAS A MANAGEMENT AGREEMENT WITH NEIGHBORHOOD HOUSE TO
PROVIDE MANAGEMENT SERVICES, INCLUDING GENERAL OPERATIONS, FINANCIAL,
AND PROGRAM. MARYHURST, INC. ALSO ENTERED INTO A SERVICE AGREEMENT WITH
MB CARE, LLC TO PROVIDE MANAGEMENT SERVICES, INCLUDING ACCOUNTING,
INFORMATION TECHNOLOGY, AND OTHER ADMINISTRATIVE SUPPORT.

EXPENSES \$ 1,118,889. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,432,243.

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

THE FINANCE COMMITTEE REVIEWS THE 990 BEFORE IT IS FILED AND THEN REPORTS
THE RESULTS TO THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO
SIGN A CONFLICT OF INTEREST FORM. IF THE FORM INDICATES A POSSIBLE CONFLICT
OF INTEREST, THE INCIDENT IS THOROUGHLY INVESTIGATED. IF THERE IS A
PERCEIVED CONFLICT, THE MEMBER WILL NOT BE ABLE TO PARTICIPATE (INCLUDING
SERVING ON A COMMITTEE) ON ANY DECISION RELATING TO THE CONFLICT. IF A
MAJOR CONFLICT IS NOTED, THE BOARD MEMBER WILL BE ASKED TO RESIGN.

PERIODICALLY THROUGHOUT THE YEAR POSSIBLE CONFLICTS ARE INVESTIGATED AND
RESOLVED.

Name of the organization

MARYHURST, INC.



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

1. REVIEW AND APPROVAL. THE COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OF MARYHURST, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL.

2. USE OF DATA AS TO COMPARABLE COMPENSATION. THE COMPENSATION OF THE PRESIDENT AND CEO IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

3. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

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 ANNUALLY UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE RESPONSIBILITY FOR SELECTING THE INDEPENDENT ACCOUNTANT IS WITH THE AUDIT COMMITTEE. THE AUDIT COMMITTEE RECOMMENDS THE INDEPENDENT ACCOUNTANT TO THE FINANCE COMMITTEE. THE FINANCE COMMITTEE APPROVES THE CANDIDATE, AND THE CHAIRMAN OF THE COMMITTEE PRESENTS THEIR SELECTION TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVES THE INDEPENDENT ACCOUNTANT.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015
Open to Public
Inspection

Name of the organization

MARYHURST, INC.

Number

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MB CARE, LLC - 27-2563110 2125 GOLDSMYTH LANE LOUISVILLE, KY 40218	SIMILAR TO MARYHURST, INC.	KY	N/A	RELATED	74,354.		X		N/A	X		50.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



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.

	Yes	No
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?		
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) MB CARE, LLC	Q	1,284,878.	CASH BASIS
(2)			
(3)			
(4)			
(5)			
(6)			

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MARYHURST, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1015 DORSEY LANE</p> <p>City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40223</p>	<p>D Employer identification number (Employees' trust, see instructions.) <div style="background-color: black; width: 100px; height: 20px; margin: 5px;"></div></p> <p>E Unrelated business activity codes (See instructions.) 541610 310000</p>
--	-----------------------------	---	---

<p>C Book value of all assets at end of year 11,311,706.</p>	<p>F Group exemption number (See instructions.)</p> <p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---	--

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **MARYHURST, INC.** Telephone number ▶ **502-245-1576**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 35,336.			
b Less returns and allowances			
c Balance ▶	35,336.		
2 Cost of goods sold (Schedule A, line 7)	18,196.		
3 Gross profit. Subtract line 2 from line 1c	17,140.		17,140.
4 a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule) STATEMENT 2	100,000.		100,000.
13 Total. Combine lines 3 through 12	117,140.		117,140.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	8,248.
15 Salaries and wages		15	83,955.
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	18,200.
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule) SEE STATEMENT 3		28	4,275.
29 Total deductions. Add lines 14 through 28		29	114,678.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	2,462.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 4		31	2,462.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2014 overpayment credited to 2015	44a	
b 2015 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **COST**

1 Inventory at beginning of year	1	5,216.	6 Inventory at end of year	6	130.
2 Purchases	2	13,110.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	18,196.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	18,326.			

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **PRESIDENT, CEO**

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

Paid Preparer Use Only

Print/Type preparer's name: **JEFFREY K MCCAFFREY** Preparer's signature: _____ Date: _____ Check if self-employed if PTIN

Firm's name: **DEMING MALONE LIVESAY & OSTROFF PSC** Firm's EIN: _____
 Firm's address: **9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187** Phone no.: **(502) 426-9660**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Other Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) JUDITH LAMBETH	CEO	2.50%	3,735.
(2) ROGER CREWS	CFO	2.50%	2,649.
(3) STEVEN FARR	VP OF HR	2.50%	1,864.
(4)		%	
Total. Enter here and on page 1, Part II, line 14			8,248.



FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

PROVIDES GENERAL OPERATIONS, FINANCIAL, AND PROGRAM OPERATIONS MANAGEMENT SERVICES TO NEIGHBORHOOD HOUSE; ALSO PRODUCTION & SALE OF COOKIES

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
MANAGEMENT FEES	100,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	100,000.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
OFFICE SUPPLIES	4,275.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	4,275.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/04	18,713.	5,639.	13,074.	13,074.
06/30/05	391.	25.	366.	366.
06/30/09	9,417.	992.	8,425.	8,425.
06/30/10	6,064.	0.	6,064.	6,064.
06/30/12	5,773.	0.	5,773.	5,773.
06/30/13	6,045.	0.	6,045.	6,045.
06/30/14	9,647.	0.	9,647.	9,647.
06/30/15	2,626.	0.	2,626.	2,626.
NOL CARRYOVER AVAILABLE THIS YEAR			52,020.	52,020.

438005

ARTICLES OF INCORPORATION
OF
MARYHURST, INC.

RECEIVED & FILED
\$.00
SEP 2 11 32 AM '97
JONEL Y. B... ANTI
S... STATE
K... KY
BB

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, have executed these Articles of Incorporation for the purpose of forming a nonprofit Corporation under the laws of the State of Kentucky.

ARTICLE I

The Corporation hereby proposed to be organized shall be known as MARYHURST, INC., by which it may contract and be contracted with, sue and be sued, adopt a Corporate Seal, and do all things necessary to the conduct of its business in the furtherance of its expressed purpose.

ARTICLE II

The purpose and nature of the business proposed to be transacted, promoted, and carried on by the Corporation shall be as follows:

- A. Since 1843, Maryhurst has perpetuated a legacy of hope, in accord with the principle "a person is of more value than a world."

Maryhurst will continue this compassionate tradition in creative fidelity to the spirit of its Foundress, St. Mary Euphrasia, and the principles and tenets of the Sisters of Our Lady of Charity of The Good Shepherd. Maryhurst will live on the leading edge in providing service to those in greatest need. Maryhurst will invite the community to catch its enthusiasm and partner in its mission.

- B. Exercise all powers possessed by corporations formed under the Kentucky Nonprofit Corporation Act, as amended (or under any successor

codification of the laws governing Kentucky nonprofit corporations), that are not inconsistent with the Corporation's qualification under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") (or under any corresponding provision of any successor codification (a "Successor Code") of the federal tax laws), as a corporation organized and operated exclusively for charitable, religious and educational purposes.

ARTICLE III

The duration of this nonprofit Corporation shall be perpetual.

ARTICLE IV

Pursuant to the Kentucky Nonprofit Corporation Act, as amended, there shall be no shares of stock authorized to be issued.

ARTICLE V

The following provisions shall regulate the internal affairs of the Corporation:

A. The Corporation's stated purposes shall be construed and its operations shall be conducted so as to qualify the Corporation under Section 501(c)(3) of the Code (or under any corresponding provision of any Successor Code) as a corporation organized and operated exclusively for charitable, religious and educational purposes.

B. No part of the Corporation's net earnings shall inure to the benefit of any private shareholder or individual.

C. Except as otherwise provided by Article V(G) below, any and all of the Corporation's directors may be removed from office by a majority vote of the Board of Directors for just cause as determined at their discretion.

D. No Substantial part of the Corporation's activities shall

consist of the carrying on of propaganda or otherwise attempting to influence legislation.

E. The Corporation shall not participate or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office.

F. In an Agreement between Maryhurst, Inc. and the Sisters of the Good Shepherd, if the Corporation is sold or dissolved within fifteen (15) years of the date of the Agreement or if the Dorsey Lane campus, real estate and buildings, is sold within fifteen (15) years of the date of the Agreement, the first \$1.3 million in assets and 50% of the amount in excess of \$1.3 million will be given to another charitable, educational or religious corporation, with a similar purpose to this Corporation of serving youth or children, which qualifies as an exempt organization as defined in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The remaining 50% of any assets in excess of \$1.3 million will be given to the Sisters of the Good Shepherd.

G. In the event of a merger between Maryhurst and another entity, the Sisters of the Good Shepherd shall have the option of receiving the benefits as set forth in literary paragraph Article V.F. above, to be paid within ninety (90) days from the date of merger.

H. The Corporation's initial By-Laws shall contain a provision entitling the Sisters of the Good Shepherd Order to hold a position on the Board of Directors of this Corporation until such time as the president of the Sisters of the Good Shepherd Order

notifies this Corporation in writing they no longer wish to maintain said position.

ARTICLE VI

The address of the Corporation's registered office and of its principal office shall be 1015 Dorsey Lane, Louisville, Kentucky 40223-2699. The name of the Corporation's initial registered agent at that address shall be JUDY LAMBETH.

ARTICLE VII

The number of directors constituting the Corporation's initial Board of Directors shall be a minimum of thirteen (13) and a maximum of twenty-five (25), and the names, addresses and terms of the persons who are to serve as the initial directors are:

<u>Name</u>	<u>Address</u>
Madeline Abramson	44 Eastover Court Louisville, Kentucky 40206
Roger Allen	5305 Pueblo Road Louisville, Kentucky 40207
LouAnn Atlas	2202 Bell Tavern Court Louisville, Kentucky 40207
Mary Ann Collier	c/o MARTA 2424 Piedmont Road NE Atlanta, Georgia 30324-3330
Sr. M. Bernadette Faulhaber, R.G.S.	Maryhurst 1015 Dorsey Lane Louisville, Kentucky 40223
John J. Ford, Esq.	Ford, Klapheke & Meyer 900 Kentucky Home Life Building Louisville, Kentucky 40202
Dan Ison	c/o Philip Morris USA P.O. Box 1498 Louisville, Kentucky 40201

(c) Any transaction from which the director derived an improper personal benefit.

ARTICLE X

The incorporator's name and address is JOHN J. FORD, Ford, Klapheke & Meyer, 900 Kentucky Home Life Building, Louisville, Kentucky 40202.

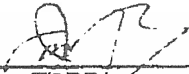
MARYHURST, INC.

BY: 

JOHN J. FORD

DATED: 8/28/67

THIS INSTRUMENT PREPARED BY:



JOHN J. FORD
FORD, KLAPHEKE & MEYER
Attorneys at Law
900 Kentucky Home Life Bldg.
Louisville, Kentucky 40202
(502) 584-2134

JJF15/MARYHURST.ART:tag

FORD, KLAPHEKE & MEYER
ATTORNEYS AT LAW
900 KENTUCKY HOME LIFE BUILDING
LOUISVILLE, KENTUCKY 40202-3272

JOHN J. FORD
DONALD E. MEYER
P. KEVIN FORD
KATHERINE A. FORD
DAVID CARY FORD

AREA CODE 502
584-2134
583-8772
FAX 584-0381

CYRIL C. SEHLINGER
(1907-1986)

AUGUST A. KLAPHEKE
OF COUNSEL

August 29, 1997

Secretary of State
Commonwealth of Kentucky
P.O. Box 718
Frankfort, Kentucky 40602-0718

RE: Maryhurst, Inc.


Gentlemen:

Enclosed please find four (4) originals of the Articles of Incorporation for the above-named corporation, along with a check in the amount of \$8.00 made payable to the Kentucky State Treasurer for the filing fee for same.

If there are any questions concerning this filing, please contact this office immediately.

Very truly yours,

FORD, KLAPHEKE & MEYER


JOHN J. FORD

JJF/tlm

Enclosures

May 31, 2017



**AMERICAN
ROOFING &
METAL CO.**

Building on 4 Generations of Experience Since 1914



NATIONAL ROOFING
CONTRACTORS ASSOCIATION
MEMBER



Maryhurst Alternative School

1015 Dorsey Lane
Louisville, KY. 40223

Attention: George Stevens

Re: Re-roof Flaget Building #2 with Tamko Elite 3-Tab Shingle System.

We propose to supply all needed equipment, materials and labor to accomplish the following:

1. Follow all OSHA rules and guidelines for safety.
2. Remove all roof related materials, and haul away. A dump truck will remove all materials each day. *(Your shingles will be recycled thru a recycling center).*
3. Install Rhino Synthetic Underlayment over existing roof deck.
4. Install Ice and Water Shield in areas where roof pitches change, in valleys, at joints at building additions, all eave areas, and at water stops behind chimneys.
5. Install Ice and Water Shield under metal flashings and counter flashings at every roof penetration.
6. Install pre-painted aluminum perimeter metal at eaves and gables.
7. Install Tamko Starter Strip at eaves and gables.
8. Fabricate and install new 24-Gauge Steel End Wall Flashing where the previous was removed. *(Color choice is to be selected by Property Management).*
9. Install Tamko Elite 3-Tab Shingle System per manufacturer's installation specifications. *(Color choice is to be selected by Property Management).*
10. Fabricate and install aluminum metal flashing at chimney and walls. Base flashing will be stepped and will lace between each succeeding course of shingles. Head wall flashing to be tucked in behind existing siding or counter flashing. Counter flashing will cut into mortar joints and set using anchors and commercial grade urethane sealant.
11. Install lead boot flashings over existing vent pipes.
12. Seal and reset all furnaces and stove vents.
13. Remove existing ventilation and install new Lomanco Box Vents.
14. Install Tamko Ridge Cap Shingles to all hips and ridges.
15. Clean gutters thoroughly upon completion.
16. Clean up all waste material from the premises on a daily basis.
17. American Roofing will protect all landscaped areas and will protect all outdoor furniture.
18. Magnets will be used to pick up nails both during and after the re-roofing process.
19. Additional safety *(if applicable)* will be in place such as caution tape and cones to protect residents and vehicle traffic.

INDUSTRIAL • COMMERCIAL • RESIDENTIAL • SHEET METAL WORK • ROOF MAINTENANCE
KENTUCKY – INDIANA – OHIO

Call Us Toll Free at (855) 671-ROOF or Visit Us at www.AmericanRoofingOnline.com

To ensure proper installation and protection during warranty, contractor will:

1. Foreman of roofing crew will have completed Master Shingle Applicator training.
2. Workmanship to be in compliance with Tamko Master Shingle Applicator training. All workmanship to conform to the requirements of Tamko's warranty and installation instructions including ventilation requirements, fastener requirements, low slope installation and ice dam protection.
3. Contractor to be KRCA certified.
4. Contractor to provide written proof of Workers' compensation and \$1,000,000 liability insurance covering suppliers, employees and subcontractors employed by contractor upon request.
5. Contractor will guarantee all materials and workmanship to be free of defects of **five (5) years** commencing on the first day contractor starts removing shingles.



General Notes:

1. Rotten plywood will be replaced at \$2.25 per square foot. (Minimum of 16 square feet per section). Rotten 1x decking will be replaced at \$5.75 per linear foot. (Minimum of 10 feet per section). This does not include anything structural. **(Please initial that you acknowledge this).**
_____ Initials
2. Gutter guard system *(if applicable)*. The existing gutter guard system will need to be removed and reinstall by the original installer to maintain the performance warranties.
3. No substitute for quality on materials and labor.
4. By signing this contract, the customer indicates that He or She has read and agrees to these conditions and understands this contract is binding and enforceable.
5. Satellite dish *(if applicable)*, will need to be re-adjusted to pick up signal. This is the building owner's responsibility.
6. Payment terms: Payment in full is expected upon substantial completion. Invoices not paid within the 30 days will be assessed finance charges in the amount of 8% and will accumulate monthly until payment in full, including finance charges, has been received. **(Please initial that you acknowledge this).** _____ Initials
7. Bid is good for 30 days.

All the above work as outlined and as stated by Mr. Travis Goetz to be completed for the sum of **\$16,458.00**. This includes all applicable taxes and permits.

In addition to the warranty provided by American Roofing & Metal Company, by installing Tamko Elite 3-tab shingle system, a twenty-five - (25) year Manufactures Limited Warranty is included in this contract. This limited warranty has a five - (5) year Full Start Period, (Non-prorated period).

Thank you for considering American Roofing & Metal Company, Inc.

Respectfully,
American Roofing & Metal Company, Inc.



Travis Goetz
Property Management Consultant
Cell – (502) 619-9026

Signature

Date



Option #1: We propose to remove the existing damaged gutter, downspouts, elbows and accessories and dispose of all material. Furnish and install new Aluminum 6" K-Style Gutter, 3x4" Downspouts and Elbows in all areas where the previous were removed. If this option is accepted, please add **\$3,054.00** to the proposal price. *(Color choice is to be selected by Property Management).*

Option #1 Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. MARYHURST, INC.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see Instructions) ▶ NON-PROFIT 501c3 CORPORATION	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) 1015 DORSEY LANE	Requester's name and address (optional)
6 City, state, and ZIP code LOUISVILLE, KY 40223	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

OR

Employer identification number

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Michelle Kersting</i>	Date ▶ <i>8/16/17</i>
------------------	---	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

MARYHURST, INC.

FINANCIAL STATEMENTS

Years Ended June 30, 2016 and 2015

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Statements of activities	4
Statements of functional expenses	5
Statements of cash flows	6
Notes to financial statements	7 - 23



Independent Auditors' Report

To the Board of Directors
Maryhurst, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of Maryhurst, Inc. (a non-for-profit organization), which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Maryhurst, Inc. as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Deming, Malone, Lussary & Petroff

Louisville, Kentucky
November 29, 2016

MARYHURST, INC.

STATEMENTS OF FINANCIAL POSITION

June 30, 2016 and 2015

Assets	<u>2016</u>	<u>2015</u>
Current Assets		
Cash and cash equivalents	\$ 571,588	\$ 592,127
Accounts receivable	775,633	855,722
Grants receivable	351,565	884,120
Pledges receivable	201,100	383,219
Prepaid expenses and other	<u>100,069</u>	<u>94,527</u>
Total current assets	<u>1,999,955</u>	<u>2,809,715</u>
Property and Equipment		
Land	695,066	695,066
Buildings and improvements	7,462,631	4,508,103
Construction in progress		2,454,838
Furniture and equipment	1,844,100	1,699,704
Vehicles	<u>154,642</u>	<u>179,909</u>
	10,156,439	9,537,620
Less accumulated depreciation	<u>4,013,717</u>	<u>3,728,779</u>
	<u>6,142,722</u>	<u>5,808,841</u>
Other Assets		
Investments	2,065,899	1,649,857
Beneficial interest in third-party trusts	512,670	543,634
Pledges receivable, net	283,807	416,215
Investment in MB Care, LLC	<u>306,653</u>	<u>311,933</u>
	<u>3,169,029</u>	<u>2,921,639</u>
Total assets	<u>\$11,311,706</u>	<u>\$ 11,540,195</u>

See Notes to Financial Statements.

Liabilities and Net Assets	<u>2016</u>	<u>2015</u>
Current Liabilities		
Current maturities of notes payable	965,010	249,467
Accounts payable	151,982	181,381
Accrued expenses	<u>636,588</u>	<u>837,849</u>
Total current liabilities	<u>1,753,580</u>	<u>1,268,697</u>
 Long-Term Debt		
Notes payable, less current maturities	<u>452,562</u>	<u>1,235,117</u>
Total liabilities	<u>2,206,142</u>	<u>2,503,814</u>
 Net Assets		
Unrestricted:		
Undesignated	5,536,836	3,318,409
Designated endowments	<u>1,250,459</u>	<u>839,389</u>
	6,787,295	4,157,798
Temporarily restricted	990,158	3,524,481
Permanently restricted	<u>1,328,111</u>	<u>1,354,102</u>
Total net assets	<u>9,105,564</u>	<u>9,036,381</u>
Total liabilities and net assets	<u><u>\$11,311,706</u></u>	<u><u>\$ 11,540,195</u></u>

MARYHURST, INC.

STATEMENTS OF ACTIVITIES
Years Ended June 30, 2016 and 2015

	2016			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Revenues, gains and other support				
Treatment fees	\$ 8,550,200			\$ 8,550,200
Contributions and grants	710,957	\$ 1,392,772	\$ 4,973	2,108,702
Contributed services and in-kind donations	1,079,954			1,079,954
Special events	297,909			297,909
Management services	100,000			100,000
MB Care, LLC management services	1,284,878			1,284,878
Investment income	52,464	12,416		64,880
Gain on investment - MB Care, LLC	74,570			74,570
Other income	17,397			17,397
SCA revenue	147,365			147,365
Decrease in beneficial interest in third-party trusts			(30,964)	(30,964)
Realized gain on sale of assets	5,693			5,693
Realized gain on sale of investments	139,472			139,472
Unrealized loss on investments	(158,988)			(158,988)
	12,301,871	1,405,188	(25,991)	13,681,068
Net assets released from restrictions	<u>3,939,511</u>	<u>(3,939,511)</u>		
Total revenues, gains and other support	<u>16,241,382</u>	<u>(2,534,323)</u>	<u>(25,991)</u>	<u>13,681,068</u>
Expenses				
Campus based	8,006,446			8,006,446
Community based	2,307,476			2,307,476
In-home	956,301			956,301
Management services	1,114,889			1,114,889
Total program expenses	12,385,112			12,385,112
General and administrative	524,498			524,498
Fund-raising and special events	702,275			702,275
Total expenses	<u>13,611,885</u>			<u>13,611,885</u>
Net increase (decrease) in total net assets	2,629,497	(2,534,323)	(25,991)	69,183
Net assets at beginning of year	<u>4,157,798</u>	<u>3,524,481</u>	<u>1,354,102</u>	<u>9,036,381</u>
Net assets at end of year	<u>\$ 6,787,295</u>	<u>\$ 990,158</u>	<u>\$ 1,328,111</u>	<u>\$ 9,105,564</u>

See Notes to Financial Statements.

2015

<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
\$ 8,642,594			\$ 8,642,594
829,052	\$ 1,836,069	\$ 6,700	2,671,821
924,013			924,013
260,098			260,098
95,000			95,000
1,257,642			1,257,642
59,535	16,367		75,902
92,191			92,191
10,228			10,228
		(5,737)	(5,737)
2500			2,500
86,008			86,008
(86,324)			(86,324)
12,172,537	1,852,436	963	14,025,936
1,260,786	(1,260,786)		
<u>13,433,323</u>	<u>591,650</u>	<u>963</u>	<u>14,025,936</u>
7,112,176			7,112,176
1,976,504			1,976,504
986,311			986,311
<u>1,222,132</u>			<u>1,222,132</u>
11,297,123			11,297,123
430,889			430,889
<u>681,015</u>			<u>681,015</u>
<u>12,409,027</u>			<u>12,409,027</u>
1,024,296	591,650	963	1,616,909
<u>3,133,502</u>	<u>2,932,831</u>	<u>1,353,139</u>	<u>7,419,472</u>
<u>\$ 4,157,798</u>	<u>\$ 3,524,481</u>	<u>\$ 1,354,102</u>	<u>\$ 9,036,381</u>

MARYHURST, INC.
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2016

	Program Services				Support Services		Total Expenses	
	Campus Based	Community Based	In-Home	Management Services	Total Program Services	General and Administrative		Fund-raising
								and Special Events
Salaries	\$ 4,679,607	\$ 1,526,700	\$ 372,796	\$ 953,640	\$ 7,532,743	\$ 309,709	\$ 370,394	\$ 8,212,846
Contributed services	998,549				998,549			998,549
Employee benefits	494,031	198,505	45,587	24,181	762,304	56,516	54,704	873,524
Payroll taxes	344,525	114,348	27,222	72,490	558,585	21,660	26,437	606,682
Total salaries and related expenses	6,516,712	1,839,553	445,605	1,050,311	9,852,181	387,885	451,535	10,691,601
Utilities	202,004	46,865	8,888		257,757	3,502	8,080	269,339
Meals	185,570	52,723	1,409	1,804	241,506			241,506
Foster parent expenses			405,552		405,552			405,552
Professional fees	66,325	21,016	11,109	20,733	119,183	70,201	270	189,654
Staff recruitment expenses	77,875	21,532	6,123		105,530			105,530
Interest expense	33,046	7,666	1,454		42,166	573	1,322	44,061
Program Supplies	109,010	24,898	7,837	5,844	147,589			147,589
Repairs and maintenance	25,321	5,829	740	209	32,099			32,099
Resident allowances	45,914	14,994		6,560	67,468			67,468
Insurance	117,071	27,161	5,151		149,383	2,029	4,683	156,095
Mileage reimbursements	2,642	10,482	12,819	405	26,348	9	204	26,561
Vehicle expense	29,065	40,438	6,375	9,403	85,281	3,166	1,035	89,482
Special events							27,708	27,708
Direct benefits to donors							32,500	32,500
Membership and dues	21,566	5,227	2,635	4,300	33,728	21,587	5,695	61,010
Postage	2,308	547	299		3,154	3,067	9,937	16,158
Printing							24,526	24,526
Office supplies	13,949	5,284	3,403	3,369	26,005	3,187	2,034	31,226
Computer support and software	12,924	6,191	1,062		20,177	2,343	28,505	51,025
Scholarships	17,590				17,590			17,590
Small equipment purchases	38,447	6,150	1,260	847	46,704	103	64	46,871
Recreation and activities	49,273	14,581	1,008	3,559	68,421			68,421
Rent	642	15,768	85		16,495	905	89	17,489
Contract services	106,458	51,622	8,499	3,450	170,029	13,074	35,293	218,396
Copier expenses	10,524	6,018	1,394		17,936	3,687	15,455	37,078
Bad debt expense	470	113	62		645	165	690	1,500
Other expenses	79,907	26,724	12,893	4,095	123,619	4,824	42,978	171,421
Total expenses before depreciation	7,764,613	2,251,382	945,662	1,114,889	12,076,546	520,307	692,603	13,289,456
Depreciation	241,833	56,094	10,639		308,566	4,191	9,672	322,429
Total expenses	\$ 8,006,446	\$ 2,307,476	\$ 956,301	\$ 1,114,889	\$ 12,385,112	\$ 524,498	\$ 702,275	\$ 13,611,885

MARYHURST, INC.
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2015

	Program Services					Support Services			Total Expenses
	Campus Based	Community Based	In-Home	Management Services	Total Program Services	General and Administrative	Fund-raising and Special Events	Total Expenses	
Salaries	\$ 4,201,477	\$ 1,284,740	\$ 394,798	\$ 1,004,302	\$ 6,885,317	\$ 212,516	\$ 362,240	\$ 7,460,073	
Contributed services	822,776				822,776			822,776	
Employee benefits	537,449	194,057	54,763	70,825	857,094	29,988	31,046	918,128	
Payroll taxes	306,377	97,507	29,553	76,829	510,266	14,798	26,608	551,672	
Total salaries and related expenses	5,868,079	1,576,304	479,114	1,151,956	9,075,453	257,302	419,894	9,752,649	
Utilities	199,838	46,362	8,793		254,993	3,464	7,994	266,451	
Meals	161,669	49,764	650	2,338	214,421			214,421	
Foster parent expenses			412,528		412,528			412,528	
Professional fees	85,291	18,576	9,914	24,175	137,956	57,524	30,856	226,336	
Staff recruitment expenses	53,490	15,099	5,099		73,688			73,688	
Interest expense	6,713	1,438	959	480	9,590	50,839	1,869	62,298	
Program Supplies	73,167	22,051	6,346	8,265	109,829			109,829	
Repairs and maintenance	32,212	7,997	1,180	491	41,880			41,880	
Resident allowances	46,906	15,138		9,010	71,054			71,054	
Insurance	101,286	23,499	4,457		129,242	1,756	4,052	135,050	
Mileage reimbursements	3,931	3,370	13,078	430	20,809	34	71	20,914	
Vehicle expense	28,801	34,937	6,466	9,762	79,966	2,920	731	83,617	
Special events							30,172	30,172	
Direct benefits to donors							28,551	28,551	
Membership and dues	18,694	4,337	2,542	21	25,594	19,562	5,695	50,851	
Postage	2,467	570	346		3,383	3,345	15,636	22,364	
Printing							27,182	27,182	
Office supplies	12,748	3,669	2,230	4,155	22,802	2,801	2,034	27,637	
Computer support and software	28,908	12,308	2,889		44,105	8,018	20,993	73,116	
Scholarships	21,530				21,530			21,530	
Small equipment purchases	23,822	7,927	1,820	172	33,741	292	259	34,292	
Recreation and activities	41,418	16,742	1,579	3,925	63,664	440		63,664	
Rent	339	7,555	45		7,939			7,939	
Contract services	83,952	52,585	10,526	2,350	149,413	11,700	29,908	191,021	
Copier expenses	9,309	4,712	1,238		15,259	3,249	13,586	32,094	
Bad debt recoveries	(15,000)				(15,000)			(15,000)	
Other expenses	63,275	14,599	7,502	4,602	89,978	4,881	35,159	130,018	
Total expenses before depreciation	6,952,845	1,939,539	979,301	1,222,132	11,093,817	428,127	674,642	12,196,586	
Depreciation	159,331	36,965	7,010		203,306	2,762	6,373	212,441	
Total expenses	\$ 7,112,176	\$ 1,976,504	\$ 986,311	\$ 1,222,132	\$ 11,297,123	\$ 430,889	\$ 681,015	\$ 12,409,027	

See Notes to Financial Statements.

MARYHURST, INC.

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2016 and 2015

	2016	2015
Cash Flows from Operating Activities		
Cash received from services for clients	\$ 8,578,603	\$ 8,636,710
Cash received from contributions	3,365,514	2,358,691
Cash received from management services and other revenue	1,457,311	1,309,978
Cash paid to suppliers and employees	(12,384,701)	(11,111,951)
Interest received	64,880	75,902
Interest paid	<u>(47,377)</u>	<u>(59,955)</u>
Net cash provided by operating activities	<u>1,034,230</u>	<u>1,209,375</u>
Cash Flows from Investing Activities		
Purchase of investments	(3,068,811)	(233,634)
Distributions from MB Care, LLC	75,000	
Proceeds from sale of assets	5,693	2,500
Proceeds from sale of investments	2,617,354	169,572
Capital expenditures for property and equipment	<u>(661,968)</u>	<u>(2,399,824)</u>
Net cash used in investing activities	<u>(1,032,732)</u>	<u>(2,461,386)</u>
Cash Flows from Financing Activities		
Net change in line of credit borrowings		(174,619)
Proceeds from long-term debt	326,803	475,295
Principal payments on long-term debt	(393,813)	(185,796)
Contributions restricted for long-term purposes	<u>44,973</u>	<u>501,245</u>
Net cash (used in) provided by financing activities	<u>(22,037)</u>	<u>616,125</u>
Net decrease in cash and cash equivalents	(20,539)	(635,886)
Cash and cash equivalents at beginning of year	<u>592,127</u>	<u>1,228,013</u>
Cash and cash equivalents at end of year	<u>\$ 571,588</u>	<u>\$ 592,127</u>

See Notes to Financial Statements.

	<u>2016</u>	<u>2015</u>
Reconciliation of Net Increase in Total Net Assets to Net Cash Provided by Operating Activities		
Net increase in total net assets	\$ 69,183	\$ 1,616,909
Adjustments to reconcile net increase in total net assets to net cash provided by operating activities:		
Depreciation	322,429	212,441
Decrease in beneficial interest in third-party trusts	30,964	5,737
Investment fees on assets whose use is limited	15,899	10,474
Realized gain on sale of assets	(5,693)	(2,500)
Realized gain and unrealized loss on sale of investments, net	19,516	316
Change in allowances and discounts on pledges receivable	(17,217)	(48,981)
Gain on investment - MB Care, LLC	(74,570)	(92,191)
Contributions restricted for long-term purposes	(44,973)	(501,245)
Change in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	80,089	(45,812)
Grants receivable	532,555	(559,409)
Pledges receivable	331,744	521,407
Prepaid expenses and other	(1,077)	(12,480)
Increase (decrease) in:		
Accounts payable	(23,356)	25,177
Accrued expenses	(201,263)	79,532
Total adjustments	<u>965,047</u>	<u>(407,534)</u>
Net cash provided by operating activities	<u>\$ 1,034,230</u>	<u>\$ 1,209,375</u>
Supplemental Schedule of Non-Cash Investing Activities		
Purchase of property and equipment in accounts payable	<u>\$ 5,880</u>	<u>\$ 11,923</u>

MARYHURST, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Operations and Summary of Significant Accounting Policies

Nature of operations:

Maryhurst, Inc. is a not-for-profit organization that has developed a continuum of care that allows us to provide a wide range of expert clinical, educational, and health and wellness services in order to appropriately and cost-effectively serve children during various stages of their treatment needs. Our programs include an intensive campus-based residential treatment program, two community-based therapeutic group homes, counseling services, and treatment foster care. We have also established collaborative relationships with a number of community partners, one of which, MB Care, provides Psychiatric Residential Treatment Services to adolescent girls.

Campus-based residential programs:

The Campus Based Residential Treatment Program, located on Maryhurst's Campus on Dorsey Lane in Louisville, Kentucky, provides structured group living and clinical services for up to 68 girls ages 11 to 18 most of whom have been severely abused or neglected. The girls live in one of five cottages, attend Maryhurst's on-site, award-winning, accredited Jefferson County Public School, Maryhurst Academy, and receive intensive therapeutic treatment in a highly structured environment.

Community-based residential programs:

The Community-based residential programs Offers a variety of treatment services, focusing on community integration for adolescent girls ages 12-21 in a pre-independent living setting. Treasure Home, located in Fern Creek, serves girls ages 12-21 who have been traumatized by abuse and/or neglect. The program focuses on community integration while still offering an intensive staff-to-client ratio and a high degree of structure and support to help our girls function successfully in a community environment. Rosehaven, located in the Clifton neighborhood, serves girls ages 16-21 who have been traumatized by repeated abuse and/or neglect. The program is designed to ease the transition to adulthood, often made difficult by life circumstances such as trauma, developmental delays, behavioral issues, and relational barriers. Rosehaven focuses on community integration and seeks to prepare girls to live on their own.

NOTES TO FINANCIAL STATEMENTS

Foster care program:

The foster care programs serve boys and girls, birth to age 21. As a not-for-profit agency, it also offers therapeutic treatment to address clinical issues that hinder positive coping, healthy maturation, and placement permanency. Foster parents are trained to provide consistent, nurturing, trauma-informed care and offered 24-hour in-home support from our foster care staff.

Counseling services program:

Locations in Portland (The Rose Center), Shively and the East End of Louisville (Dorsey Lane) provide outpatient counseling and in-home services for clients and their families. The treatment clinics provide evidence-based assessment, case management, individual, group and family counseling, skills training, family support services, peer support groups, parenting support/training, trauma services and support and psychiatric services. Services are tailored to clients and their families and a strength-based approach is utilized throughout the treatment planning process.

Management services:

Maryhurst, Inc. has a management agreement with Neighborhood House to provide management services, including general operations, financial, and program. Neighborhood House has agreed to pay \$8,333 per month through December 2017. Total management fees from Neighborhood House were \$100,000 and \$95,000 for the years ended June 30, 2016 and 2015, respectively. Maryhurst, Inc. also has a management agreement with a related party, MB Care, LLC, which is disclosed in Note 6.

Summary of significant accounting policies:

The summary of significant accounting policies of Maryhurst, Inc. is presented to assist in understanding Maryhurst, Inc.'s financial statements. The financial statements are representations of Maryhurst, Inc.'s management who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

NOTES TO FINANCIAL STATEMENTS

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Accounts, grants and pledges receivable:

The valuation of accounts, grants, and pledges receivable is based upon a detail analysis of past due accounts and the history of uncollectible accounts. Estimated uncollectible accounts increase the allowance for doubtful accounts, and when receivables are written off, the allowance for doubtful accounts is decreased. No allowance was considered necessary as of June 30, 2016 and 2015.

Promises to give:

Contributions are recognized when the donor makes a promise to give to Maryhurst, Inc. that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in either temporarily or permanently restricted net assets, depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Investments:

Investments are carried at fair value as determined based on quoted prices in active markets. Donated investments are recorded at their fair value as of the date received.

Investment – MB Care, LLC:

Maryhurst Inc.'s 50% percent equity investment in MB Care, LLC is accounted for under the equity method (see Note 6). Accordingly, the investment is stated at cost, adjusted for Maryhurst, Inc.'s capital contributions, and distributions, and its proportionate share of earnings and losses.

NOTES TO FINANCIAL STATEMENTS

Property and equipment:

Maryhurst, Inc. has a policy to capitalize property and equipment with a cost of \$1,000 or greater and a useful life greater than one year. Property and equipment are stated at cost if purchased, or at fair value if donated. Depreciation of property and equipment is computed by the straight-line method based on the estimated useful lives of the related assets, which ranges from three to 30 years.

Donations other than cash:

Donations other than cash are recorded at their fair value as of the date of donation. Donated services must meet the specific expertise requirements and would normally have been purchased before they are recorded. Donations of long-lived assets with explicit restrictions that specify how the assets are to be used and donations of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted support. Absent explicit donor stipulations about how long these long-lived assets must be maintained, Maryhurst, Inc. reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Treatment fees:

Treatment fee revenues are generated by payments from the Kentucky Cabinet for Health and Family Services. Payments from Kentucky are governed by an annual contract which establishes per diem rates for children placed with Maryhurst, Inc. and specifies the nature and extent of care to be provided.

Advertising costs:

Advertising costs are expensed as incurred. Total expense for the years ended June 30, 2016 and 2015 was approximately \$100,000 and \$75,000, respectively.

Cash and cash equivalents:

For purposes of the statement of cash flows, Maryhurst, Inc. considers unrestricted, highly liquid investments with initial maturity of three months or less to be cash and cash equivalents.

NOTES TO FINANCIAL STATEMENTS

Exemption from income taxes:

Maryhurst, Inc. is exempt from federal, Kentucky, and local income taxes as a not-for-profit organization described under Internal Revenue Code Section 501(c)(3). Maryhurst, Inc. files an informational tax return in the U.S. federal jurisdiction and with the Kentucky Office of the Attorney General. However, income from certain activities not directly related to Maryhurst, Inc.'s tax-exempt purpose is subject to taxation as unrelated business income.

As of June 30, 2016 and 2015, Maryhurst, Inc. did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

Newly issued standards not yet effective:

The Financial Accounting Standards Board (FASB) has issued accounting standard No. 2014-09, *Revenue from Contracts with Customers*, concerning the accounting for revenue recognition. The standard is effective for years beginning after December 15, 2018.

The FASB has also issued accounting standard No. 2016-14, *Presentation of Financial Statements of Not-for-profit Entities*, concerning changes on classifying net assets and preparation of financial statements. The standard is effective for years beginning after December 15, 2017.

The Financial Accounting Standards Board has issued accounting standard No. 2016-02, *Leases*, concerning the accounting for leases. The standard is effective for years beginning after December 15, 2020.

The Company is evaluating the impact that adoption of these standards will have on future financial position and results of operations.

Subsequent events:

Subsequent events have been evaluated through November 29, 2016, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

Note 2. Accounts and Grants Receivable

Accounts receivable consist of the following:

	<u>2016</u>	<u>2015</u>
Department of Social Services	\$690,566	\$795,341
Outpatient therapies	41,018	
Wellcare of Kentucky	17,982	34,796
Other	<u>26,067</u>	<u>25,585</u>
	<u>\$775,633</u>	<u>\$855,722</u>

Grants receivable consist of the following:

	<u>2016</u>	<u>2015</u>
Metro United Way	\$188,222	\$195,288
AOD Kentucky Recovery		454,895
Kentucky State Grant	140,461	81,478
Other	<u>22,882</u>	<u>152,459</u>
	<u>\$351,565</u>	<u>\$884,120</u>

Note 3. Investments and Fair Value Measurements

Accounting principles generally accepted in the United States of America provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that Maryhurst, Inc. has the ability to access.
- Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active or inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTES TO FINANCIAL STATEMENTS

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2016 and 2015.

All assets have been valued using a market approach, except for Level 3 assets. Fair values for assets in Level 3 are calculated using assumptions about discounted cash flow and other present value techniques. There were no changes in the valuation techniques during the current year.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Maryhurst, Inc. believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Maryhurst, Inc. maintains various accounts containing assets which were contributed to the Organization and assets designated by the Board for an endowment to promote and support the missions of Maryhurst, Inc. The Board also has elected to designate the use of the income from these assets for this purpose. These assets were held at Fifth Third Bank but were transferred to Hilliard Lyons Trust Company in September of 2015. The accounts included on the statement of financial position as investments consisted of the following:

	2016			2015		
	Cost	Fair Value	Unrealized Appreciation (Depreciation)	Cost	Fair Value	Unrealized Appreciation (Depreciation)
Level 1						
Money market fund	\$ 25,613	\$ 25,613		\$ 108,324	\$ 108,324	
Common stocks:						
Large cap domestic	1,070,065	1,207,370	\$137,305	463,248	705,024	\$241,776
Small cap domestic	80,000	78,653	(1,347)	176,402	196,392	19,990
Developing int'l	213,000	197,416	(15,584)	95,899	131,158	35,259
Emerging markets				77,233	77,947	714
Bond mutual funds	547,083	552,372	5,289	320,435	311,320	(9,115)
Real estate trust				119,746	119,691	(55)
	1,935,761	2,061,424	125,663	1,361,287	1,649,856	288,569
Cash and cash equivalents	4,475	4,475		1	1	
	<u>\$1,940,236</u>	<u>\$2,065,899</u>	<u>\$125,663</u>	<u>\$1,361,288</u>	<u>\$1,649,857</u>	<u>\$288,569</u>

Maryhurst, Inc. is an income beneficiary of two irrevocable perpetual charitable trusts, which are administered by third party trustees. Unrestricted income received from these trusts for the years ended June 30, 2016 and 2015 was \$23,460 and \$25,555, respectively.

NOTES TO FINANCIAL STATEMENTS

The beneficial interest of the underlying investments held in the third-party trusts were as follows as of June 30, 2016 and 2015:

	2016		2015	
	<u>Cost</u>	<u>Market Value</u>	<u>Cost</u>	<u>Market Value</u>
Level 3				
Cash and cash equivalents	\$ 6,089	\$ 6,089	\$ 14,695	\$ 14,695
Mutual funds – corporate bonds	154,169	155,763	158,792	155,757
Mutual funds – common stock	4,295	4,293	4,115	5,117
U.S. Government bonds	8,184	8,304	7,934	7,744
Corporate bonds	1,280	1,254	2,540	2,508
Municipal bonds	500	552	500	530
Common stock	<u>282,250</u>	<u>336,415</u>	<u>283,027</u>	<u>357,283</u>
	<u>\$ 456,767</u>	<u>\$ 512,670</u>	<u>\$ 471,603</u>	<u>\$ 543,634</u>

The following table sets forth a summary of changes in the fair value of Maryhurst, Inc. Level 3 assets on a recurring basis for the years ended June 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$543,634	\$549,371
Change in value of beneficial interest in assets held by others	<u>(30,964)</u>	<u>(5,737)</u>
Balance, end of year	<u>\$512,670</u>	<u>\$543,634</u>

Note 4. Endowment Funds

Maryhurst, Inc.'s endowment funds consist of investments held in Hilliard Lyons investment accounts and a beneficial interest in assets held in trusts (see Note 3). The Hilliard Lyons investments are donor-restricted and Board designated funds. The beneficial interest in assets held in the trust are donor funds which are permanently restricted. The Board of Directors does not have input or authority over the nature and type of investments held in the trusts. The trustees of the trust have sole discretion on the investments and the amounts and timing of distributions from the trusts. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

NOTES TO FINANCIAL STATEMENTS

The endowment net asset composition by type of fund as of June 30, 2016 and 2015 is as follows:

	2016		
	<u>Unrestricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Donor-restricted endowment funds		\$1,328,111	\$1,328,111
Board-designated endowment funds	\$1,250,458	_____	1,250,458
	<u>\$1,250,458</u>	<u>\$1,328,111</u>	<u>\$2,578,569</u>
	2015		
	<u>Unrestricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Donor-restricted endowment funds		\$1,354,102	\$1,354,102
Board-designated endowment funds	\$839,389	_____	839,389
	<u>\$839,389</u>	<u>\$1,354,102</u>	<u>\$2,193,491</u>

Changes in endowment net assets for the years ended June 30, 2016 and 2015 are as follows:

	2016		
	<u>Unrestricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, beginning of year	\$ 839,389	\$1,354,102	\$2,193,491
Contributions	419,150	4,973	424,123
Change in beneficial interest in third-party trusts		(30,964)	(30,964)
Net transfers to operations	(14,040)		(14,040)
Investment return:			
Investment income	25,475		25,475
Net realized and unrealized loss	(19,516)	_____	(19,516)
Endowment net assets, end of year	<u>\$ 1,250,458</u>	<u>\$1,328,111</u>	<u>\$2,578,569</u>

NOTES TO FINANCIAL STATEMENTS

	2015		
	Unrestricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 792,818	\$1,353,139	\$2,145,957
Contributions	75,342	6,700	82,042
Change in beneficial interest in third-party trusts		(5,737)	(5,737)
Net transfers from operations	(66,709)		(66,709)
Investment return:			
Investment income	38,255		38,255
Net realized and unrealized loss	(317)		(317)
	<u>\$ 839,389</u>	<u>\$1,354,102</u>	<u>\$2,193,491</u>
Endowment net assets, end of year	<u>\$ 839,389</u>	<u>\$1,354,102</u>	<u>\$2,193,491</u>

Interpretation of relevant law:

Maryhurst, Inc. has interpreted the Kentucky Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Maryhurst, Inc. classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by Maryhurst, Inc. in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, Maryhurst, Inc. considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of Maryhurst, Inc., and (7) Maryhurst, Inc.'s investment policies.

NOTES TO FINANCIAL STATEMENTS

The Board of Directors has determined that the majority of Maryhurst, Inc.'s contributions are subject to the terms of its governing documents. Certain contributions are received subject to other gift instruments, or are subject to specific agreements with Maryhurst, Inc. Under the terms of Maryhurst, Inc.'s governing documents, the Board of Directors has the ability to distribute so much of the original principal of any trust or separate gift, devise, bequest, or fund as the Board in its sole discretion shall determine. As a result of the ability to distribute the original principal, all contributions not classified as temporarily or permanently restricted are classified as unrestricted net assets for financial statement purposes.

Return objectives and risk parameters:

Maryhurst, Inc. has adopted investment and spending policies for endowment assets that attempt to provide for preservation of capital through a well-diversified portfolio of index funds with an emphasis on long-term growth without undue exposure to risk, while generating sufficient income for distribution. Endowment assets include those assets of donor-restricted funds that Maryhurst, Inc. must hold in perpetuity or for a donor-specified period as well as board-designated funds. The goal is for this portfolio to outperform a benchmark composed of various funds as described in the investment policy. All bequests will be deposited into the investment fund.

Strategies employed for achieving objectives:

To satisfy its long-term rate-of-return objectives, Maryhurst, Inc. relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Maryhurst, Inc. targets a diversified asset allocation, including bonds, common stocks, and cash equivalents.

Spending policy and how the investment objectives relate to spending policy:

Maryhurst, Inc. has a policy of appropriating for distribution an amount each year as deemed necessary to support operations. In establishing this policy, Maryhurst, Inc. considers their short-term needs, as well as the actual net investment income earned on the funds. This is consistent with Maryhurst, Inc.'s objective to provide for preservation of capital through a well-diversified portfolio of bonds, common stocks, and cash equivalents with an emphasis on long-term growth without undue exposure to risk, while generating sufficient income for distribution.

NOTES TO FINANCIAL STATEMENTS

Note 5. Pledges Receivable

Pledges receivable consist of sponsorships from various organizations and individuals to fund a comprehensive campaign which includes funding for the purchase and improvements of property and equipment, operations and the endowment fund which will assist the long-term funding for Maryhurst, Inc. activities. The balances of pledges receivable are as follows:

	<u>2016</u>	<u>2015</u>
Due less than one year	\$ 201,100	\$ 383,219
Due one to five years	<u>303,619</u>	<u>453,244</u>
	504,719	836,463
Less discount to net present value	<u>(19,812)</u>	<u>(37,029)</u>
Net unconditional pledges to give	<u>\$ 484,907</u>	<u>\$ 799,434</u>

Pledges receivable after one year from date of pledge were discounted using an interest rate of five percent.

Note 6. Investment in MB Care, LLC

In April 2010, Maryhurst, Inc. entered into a joint venture with Uspiritus, Incorporated, a non-related not-for-profit organization, which provides similar services as Maryhurst, Inc. and has a 50% ownership interest in MB Care, LLC. MB Care, LLC operates residential psychiatric treatment facilities located on Uspiritus' – Brooklawn campus. The investment is accounted for under the equity method.

NOTES TO FINANCIAL STATEMENTS

The following unaudited information summarizes the activity of MB Care, LLC through June 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Total assets	\$ 545,599	\$ 543,550
Total liabilities	<u>147,723</u>	<u>144,380</u>
Net equity	<u>\$ 397,876</u>	<u>\$ 399,170</u>
Revenues	\$ 1,886,189	\$ 1,842,506
Expenses	<u>(1,737,482)</u>	<u>(1,658,124)</u>
Net income	<u>\$ 148,707</u>	<u>\$ 184,382</u>
Maryhurst, Inc.'s interest:		
Beginning balance	\$ 311,933	\$ 206,173
Distributions	(75,000)	
Change in management service receivables	(4,634)	13,569
Share of net income	<u>74,354</u>	<u>92,191</u>
Ending balance	<u>\$ 306,653</u>	<u>\$ 311,933</u>

MB Care, LLC entered into a service agreement with Maryhurst, Inc. for management services, including accounting, information technology, and other administrative support. Maryhurst, Inc. bills MB Care, LLC monthly for these services at Maryhurst, Inc.'s actual costs. This agreement is automatically renewable annually. Total management revenue for the years ended June 30, 2016 and 2015 was \$1,284,878 and \$1,257,642, respectively.

Note 7. Line of Credit

Maryhurst, Inc. has a \$200,000 revolving line of credit with Stock Yards Bank secured by Board designated investments. The line of credit bears interest at the US Prime Rate with a minimum floor of 4% (4% at June 30, 2016 and 2015). There was no outstanding balance on the line of credit at June 30, 2016 and 2015. The line of credit matures in March 2017. Maryhurst, Inc.'s management anticipates renewing the line of credit under terms to be determined.

NOTES TO FINANCIAL STATEMENTS

Note 8. Notes Payable

Notes payable consisted of the following at June 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Secured term note with Stock Yards Bank bearing interest at a fixed rate of 5.25% and payable in monthly installments of principal and interest of \$7,460 based on a 20-year amortization with a balloon payment due in March 2017. Additional annual principal payments of \$50,000 are due at the end of years two through five. The note is secured by all assets of the Organization.	\$ 792,520	\$ 886,435
Construction draws with Stock Yards Bank due in July 2020. Draws will be made over the initial 15-month period ending in October 2015 to fund construction of a new facility up to \$1,300,000 with interest-only payments at the U.S. prime rate with a minimum floor of 4%. Principal payments will be as follows: \$150,000 by December 31, 2016; \$150,000 by December 31, 2017. Remaining principal payments will be determined at the time the construction draws are completed. Collateralized by all assets of the Organization.	524,243	475,295
Unsecured note payable to the Sisters of the Good Shepherd bearing interest of 2.0% and payable in monthly installments of principal and interest in the amount of \$2,025 through October 31, 2020.	<u>100,809</u>	<u>122,854</u>
Less current maturities	<u>1,417,572</u> <u>965,010</u>	<u>1,484,584</u> <u>249,467</u>
	<u>\$ 452,562</u>	<u>\$1,235,117</u>

Future maturities of notes payable are as follows:

Year ending June 30, 2017	\$ 965,010
2018	172,944
2019	98,407
2020	98,880
Thereafter	<u>82,331</u>
	<u>\$1,417,572</u>

NOTES TO FINANCIAL STATEMENTS

Note 9. Lease Obligations

Maryhurst, Inc. leases various property and equipment under leases classified as operating leases. Rent expense was \$87,747 and \$66,374 for the years ended June 30, 2016 and 2015, respectively. Future minimum rental payments under these leases as of June 30, 2016 are as follows:

Year ending June 30, 2017	\$ 86,484
2018	<u>19,169</u>
	<u>\$105,653</u>

Note 10. Changes in Restricted Net Assets

Changes in temporarily restricted net assets were as follows:

<u>Contributions Restricted for</u>	<u>Balance 6-30-15</u>	<u>Contributions</u>	<u>Investment Income</u>	<u>Released</u>	<u>Balance 6-30-16</u>
Campus program	\$ 204,484	\$ 916,439		\$ (870,607)	\$250,316
Activities and trips	14,992	77,333		(45,158)	47,167
Transitional living	4,000	48,000		(40,798)	11,202
Lift A Life – 5S program	100,000			(100,000)	
Capital campaign	2,344,158			(2,344,158)	
AOD Grant – Kids Recovery	740,550	300,000		(496,462)	544,088
Other	104,702	51,000		(33,653)	122,049
Scholarships	<u>11,595</u>	<u> </u>	<u>\$12,416</u>	<u>(8,675)</u>	<u>15,336</u>
	<u>\$3,524,481</u>	<u>\$1,392,772</u>	<u>\$12,416</u>	<u>\$(3,939,511)</u>	<u>\$990,158</u>
<u>Contributions Restricted for</u>	<u>Balance 6-30-14</u>	<u>Contributions</u>	<u>Investment Income</u>	<u>Released</u>	<u>Balance 6-30-15</u>
Campus program	\$ 257,178	\$ 755,288		\$ (807,982)	\$ 204,484
Activities and trips	9,951	29,103		(24,062)	14,992
Transitional living	30,833	90,000		(116,833)	4,000
Lift A Life – 5S program	200,000			(100,000)	100,000
Capital campaign	2,318,408	25,750			2,344,158
AOD Grant – Kids Recovery		932,928		(192,378)	740,550
Other	106,703	3,000		(5,001)	104,702
Scholarships	<u>9,758</u>	<u> </u>	<u>\$16,367</u>	<u>(14,530)</u>	<u>11,595</u>
	<u>\$2,932,831</u>	<u>\$1,836,069</u>	<u>\$16,367</u>	<u>\$(1,260,786)</u>	<u>\$3,524,481</u>

NOTES TO FINANCIAL STATEMENTS

Changes in permanently restricted net assets were as follows:

<u>Restriction</u>	Balance 6-30-15	Contributions	Decrease in Beneficial Interest	Balance 6-30-16
Endowed scholarships	\$ 664,492	\$4,973		\$ 669,465
General endowment	117,548			117,548
Substance abuse program	10,000			10,000
Lambeth fund	18,428			18,428
Beneficial interest in third-party trusts	<u>543,634</u>	<u> </u>	<u>\$(30,964)</u>	<u>512,670</u>
	<u>\$1,354,102</u>	<u>\$4,973</u>	<u>\$(30,964)</u>	<u>\$1,328,111</u>

<u>Restriction</u>	Balance 6-30-14	Contributions	Decrease in Beneficial Interest	Balance 6-30-15
Endowed scholarships	\$ 657,792	\$6,700		\$ 664,492
General endowment	117,548			117,548
Substance abuse program	10,000			10,000
Lambeth fund	18,428			18,428
Beneficial interest in third-party trusts	<u>549,371</u>	<u> </u>	<u>\$(5,737)</u>	<u>543,634</u>
	<u>\$1,353,139</u>	<u>\$6,700</u>	<u>\$(5,737)</u>	<u>\$1,354,102</u>

Note 11. Retirement Plan

Maryhurst, Inc. has a defined contribution (Money Purchase) retirement plan funded through Lincoln National Life Funds. The plan is voluntary for all eligible employees after two years of service and requires employee contributions of at least 1% of gross wages and contributions by the employer are limited to 3% of the employee's gross wages. Total employer contributions were \$110,500 and \$96,962 for the years ended June 30, 2016 and 2015, respectively.

NOTES TO FINANCIAL STATEMENTS

Note 12. Contributed Services

The Jefferson County Kentucky Public School System contributes the services of teachers. The services of these teachers are utilized in the Maryhurst, Inc.'s Residential Treatment and Education Program with the value of such services being based on the fair value of the related salaries and benefits. The total value of \$998,549 and \$822,776 is reflected in the financial statements as revenue with a like amount included in salaries and employee benefits for the years ended June 30, 2016 and 2015, respectively.

Note 13. Concentration of Revenues and Receivables

The Kentucky Cabinet for Health and Family Services accounted for approximately 99% of treatment fees revenue for each of the years ended June 30, 2016 and 2015.

Changes in the future allocation of grant funding by this agency could have a significant impact on the Organization's operations. A significant portion of accounts receivable is due from this agency and is subject to concentration risks.

Note 14. Concentration of Credit Risk

Maryhurst, Inc. maintains its cash accounts at a Kentucky bank. The accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At June 30, 2016, Maryhurst, Inc. had uninsured cash balances of approximately \$348,000.

Note 15. Construction in Progress

Maryhurst, Inc. has constructed a facility on its Dorsey Lane Campus to provide residential treatment and housing for girls. The construction of the facility was completed in July 2015 with a total cost of approximately \$2,480,000.

Note 16. Litigation

Maryhurst, Inc. is a defendant in litigations relating to employment claims and a civil action claim. While the final outcomes cannot be determined at this time, management is of the opinion that the ultimate liability, if any, from the final resolutions of these matters will not have a material effect on the Organization's financial statements.

MARYHURST, INC.**General Information**

Organization Number	0438005
Name	MARYHURST, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	9/2/1997
Organization Date	9/2/1997
Last Annual Report	4/21/2017
Principal Office	1015 DORSEY LN LOUISVILLE, KY 402232699
Registered Agent	JUDY LAMBETH 1015 DORSEY LN LOUISVILLE, KY 402232699

Current Officers

CEO	<u>Judith A Lambeth</u>
Director	<u>Madeline Abramson</u>
Director	<u>Jeff Slyn</u>
Director	<u>Britainy Beshear</u>
Director	<u>Elizabeth Jeffries</u>
Director	<u>Toni Clem</u>
Director	<u>Robin Powell</u>
Director	<u>David Burks</u>
Director	<u>Julie LaValle Jones</u>
Director	<u>Cynthia McClellen</u>
Director	<u>Colleen Lyons</u>
Director	<u>Sr. Glynis McManamon</u>
Director	<u>Lisa Manning</u>
Director	<u>Laurie Schalow</u>
Director	<u>Clinton Glasscock</u>
Director	<u>Tamra Koshewa</u>
Director	<u>Jennifer Nolan</u>
Director	<u>Rachel Owsley</u>
Director	<u>Tim Rutledge</u>
Director	<u>Marita Willis</u>
Director	<u>Angie Gosman</u>
Director	<u>Anne Marie Gossman</u>
Director	<u>Marland Cole</u>

Director	Tia Gibbs
Director	Jeanell Hughes
Director	Virginia Judd
Director	Rebecca Martin
Director	Michelle Mudd
Director	Thomas Powell
Director	Melissa Swan
Director	Drew Fellon
Director	Mark McCloud
Director	Colleen Underhill
CFO	Michelle Kersting
COO	Paula Garner

Individuals / Entities listed at time of formation

Director	MADELINE ABRAMSON
Director	ROGER ALLEN
Director	LOUANN ATLAS
Director	MARY ANN COLLIER
Director	SR M BERNADETTE FAULHABE
Director	JOHN J FORD ESQ
Incorporator	JOHN J FORD

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	4/21/2017	1 page	PDF	
Annual Report	7/18/2016	1 page	PDF	
Annual Report	4/3/2015	1 page	PDF	
Annual Report	1/23/2014	1 page	PDF	
Annual Report	6/25/2013	1 page	PDF	
Annual Report	2/28/2012	1 page	PDF	
Annual Report	2/8/2011	1 page	PDF	
Annual Report	3/5/2010	1 page	PDF	
Annual Report	2/25/2009	1 page	PDF	
Annual Report	4/16/2008	1 page	PDF	
Annual Report	6/29/2007	1 page	PDF	
Annual Report	4/4/2006	1 page	tiff	PDF
Annual Report	4/20/2005	1 page	tiff	PDF
Annual Report	10/30/2003	1 page	tiff	PDF
Annual Report	5/7/2002	1 page	tiff	PDF
Annual Report	6/27/2001	1 page	tiff	PDF
Annual Report	6/9/2000	1 page	tiff	PDF
Annual Report	7/21/1999	1 page	tiff	PDF
Annual Report	8/27/1998	3 pages	tiff	PDF
Amendment	2/9/1998	3 pages	tiff	PDF
Articles of Incorporation	9/2/1997	7 pages	tiff	PDF

Assumed Names**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/21/2017 1:23:10 PM	4/21/2017 1:23:10 PM	
Annual report	7/18/2016 10:41:02 AM	7/18/2016 10:41:02 AM	
Annual report	4/3/2015 4:40:05 PM	4/3/2015 4:40:05 PM	
Annual report	1/23/2014 4:00:55 PM	1/23/2014 4:00:55 PM	
Annual report	6/25/2013 9:45:45 AM	6/25/2013 9:45:45 AM	
Annual report	2/28/2012 4:18:59 PM	2/28/2012 4:18:59 PM	
Annual report	2/8/2011 2:31:17 PM	2/8/2011 2:31:17 PM	
Annual report	3/5/2010 1:33:23 PM	3/5/2010 1:33:23 PM	
Annual report	2/25/2009 10:51:02 AM	2/25/2009 10:51:02 AM	
Annual report	4/16/2008 3:58:18 PM	4/16/2008 3:58:18 PM	
Annual report	6/29/2007 3:05:38 PM	6/29/2007 3:05:38 PM	
Annual report	4/4/2006 11:10:32 AM	4/4/2006	
Amendment - Change purpose	2/9/1998	2/9/1998	
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