# \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning and e	ending				
	heck if pplicable	C Name of organization		D Employer identific	cation number		
X	Addres	MADDIE'S PLACE					
	Name change	Doing business as		82-49160	91		
X	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1004 E. 8TH AVE.	Room/suite	E Telephone number (509) 315-5146			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	681,287.		
	Amende return	SPOKANE, WA 99202		H(a) Is this a group re	eturn		
	Applica tion	F Name and address of principal officer: Shaon Cross		for subordinates	? Yes X No		
	pending	1004 E. 8TH AVE., SPOKANE, WA 99202		<b>H(b)</b> Are all subordinates in	cluded? Yes No		
		mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions		
		e: ► MADDIESPLACE.ORG		H(c) Group exemptio			
		organization: X Corporation Trust Association Other Summary	<b>L</b> Year	of formation: 2018  <b>N</b>	1 State of legal domicile: WA		
	1 E	Briefly describe the organization's mission or most significant activities: $ { m THE}  { m M} $	IISSIO	N OF MADDIE	'S PLACE IS		
Governance		TO PROVIDE NURTURING CARE AND SUPPORT FOR					
rna	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.		
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	4		
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	4		
Activities &	5	otal number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0		
Ϋ́È	6	otal number of volunteers (estimate if necessary)		6	0		
Ç	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
ē		Contributions and grants (Part VIII, line 1h)		18,520.	681,279.		
Revenue		Program service revenue (Part VIII, line 2g)		1	0.		
že		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1.	2.		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10 501	6.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,521.	681,287.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		
		Benefits paid to or for members (Part IX, column (A), line 4)			0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			43,000.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			43,000.		
Ä		Total fundraising expenses (Part IX, column (D), line 25)  43,00		2,742.	40,195.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,742.	83,195.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		15,779.	598,092.		
S		Revenue less expenses. Subtract line 18 from line 12	Po	ginning of Current Year	End of Year		
ts o	20 7	otal assets (Part X, line 16)	ВС	17,639.	1,297,731.		
t Assets or d Balances	21 7	otal liabilities (Part X, line 26)		17,033.	682,000.		
Net/	22 1	Net assets or fund balances. Subtract line 21 from line 20		17,639.	615,731.		
	rt II	Signature Block			0207.020		
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is		
		, and complete. Declaration of preparer (other than officer) is based on all information of which					
Sign	1	Signature of officer		Date			
Her		SHAUN CROSS, PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN		
Paid		JOHN F DIERDORFF		self-employ			
Prep		Firm's name JOHN F DIERDORFF CPA PLLC		Firm's EIN ▶	45-5125433		
Use Only Firm's address ► 336 S SHERMAN ST STE A							
		SPOKANE, WA 99202		Phone no. (5			
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No		

	n 990 (2020) MADDIE'S PLACE	82-4916091	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		··· <u> </u>
•	,	סממונט מואג שם	ъш
	THE MISSION OF MADDIE'S PLACE IS TO PROVIDE NURTURING CAN		
	FOR DRUG-DEPENDENT NEWBORNS AND THEIR MOTHERS AND CAREGIVE		HE
	HOPE OF BREAKING THE CYCLE OF GENERATIONAL SUBSTANCE ABUS	SE.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			▼
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
	· · · · · · · · · · · · · · · · · · ·		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 1,547 • including grants of \$ ) (Revenue	ue \$	)
	THE ORGANIZATION SUCCESSFULLY COMPLETED A FUNDRAISING CAN		20
	TO PURCHASE AND IMPROVE A FACILITY IN WHICH TO CARRY OUT		
	PURPOSE. THE FACILITY WAS ACQUIRED ON DECEMBER 30, 2020 A		
	ORGANIZATION ANTICIPATES THE COMMENCEMENT OF PROGRAM SERV	VICES LATE I	N
	2021.		
	420		
4b	(Code:) (Expenses \$		)
	THE ORGANIZATION CONTINUED THE PROCESS OF MEETING FEDERAL	L AND STATE	
	OPERATIONAL REQUIREMENTS FOR CARRYING OUT SERVICES IN FU	LFILLMENT OF	
	IT'S EXEMPT PURPOSE.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$	}
	N/A		
	-		
<u> </u>	Other and the second of the se		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	

1,985.

Total program service expenses

Form 990 (2020) MADDIE'S PLACE
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)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7,7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			7,7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	44.1		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	3	446		х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza	, ,	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		25
b		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		<del></del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	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? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020) MADDIE'S PLACE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			37
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		-25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		-25
38	Notes All Farm 200 flore are reprinted to a smallest Oaks date O	38	х	1
Pai		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	.,,,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
_	(gambling) winnings to prize winners?	1c		
03200/	1 12 22 20		990	(2020)

MADDIE'S PLACE 82-4916091 Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

14b

16

Х

Х

Х

Form 990 (2020) MADDIE'S PLACE 82-4916091 Page
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 on Schedule O. See instructions.

<u> </u>							X
Sec	tion A. Governing Body and Management						
			ı	. [		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4			
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?			. L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			" Г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			`` Г	5		Х
6	Did the organization have members or stockholders?			`` Г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			. [			
	more members of the governing body?				7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·			
					7b		х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			·	,,,		
		-	=		8a	Х	
_						X	
b	Each committee with authority to act on behalf of the governing body?			·	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						v
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)				
				Г		Yes	No
	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 ch	apters	s, affiliates,				
				-	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	re filing the form?	Н	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 1			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			.	12a	<u>X</u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	lescribe				
	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		Х
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			. [	15a		X
b	Other officers or key employees of the organization			. [	15b		Х
	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 arrangen	nent w	rith a				
	taxable entity during the year?			L	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	า'ร				
	exempt status with respect to such arrangements?			. [	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	)-T (Section 501(c)	(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		,	•	,,		
	Own website Another's website X Upon request Other (explain	on Sc	chedule (0)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and	financ	ial	
	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 boo	ks an	d records				
	VIRGINIA MEYERS - (509) 340-8187						
	17016 E INDIANA PKWY APT C212, SPOKANE VALLEY, WA	990	16-5241				

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# 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.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week		Cer ai	lu a u	recid	Tritus	iee)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or (	stee			nsated		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	truste	al tru		oyee	n be		(** =* ** = * * * * * * * * * * * * * *		and related
	below	Individual trustee or director	Institutional trustee	Jec	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Hig	Former			
(1) RUSSELL BRANHAM	15.00									_
DIRECTOR OF OPERATIONS		Х		Х				0.	0.	0.
(2) SHAUN CROSS	40.00									_
PRESIDENT	40.00	Х		Х				0.	0.	0.
(3) PATRICIA HUGHES	40.00			l						•
CLINICAL DIRECTOR	1 00	X		Х				0.	0.	0.
(4) RON ILG	1.00								•	•
DIRECTOR		Х						0.	0.	0.

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Par	T VII   Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	I .			Ι		
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable		l .	timate	
		hours per week					is botl or/trus		compensation	compensatio		l .	other	)†
		(list any	.o.					Ĺ	from the	from related organization		l .	other pensa	tion
		hours for	direct				l,		organization	(W-2/1099-MIS		l .	om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 11110	, ,	l .	anizati	
		organizations	Individual trustee or director	Institutional trustee		yee	od uic					_	d relate	
		below	ridual	tutior	Je.	Key employee	est co	Je.				orga	nizatio	วทร
		line)	Indi	Insti	Officer	Key (	Highest compensated employee	Former						
							_							
			1											
				_			_							
			1											
				_			_							
			1											
				_			_							
			1											
			4											
				_			_							
			1											
			<u> </u>	_			_							
			4											
				┝			$\vdash$							
			1											
	Outhors	<u> </u>						_	0.		0.			0.
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							<b>P</b>		000 of non-ortoble	_			<u> </u>
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed at	oove	e) wr	io re	eceived more than \$100,	000 of reportable	)			0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director trust	ا مم	(0)/ (	amnl	OVA	Δ Or	hio	thest compensated emp	lovee on	1			-10
3		•		•	•	•		_		•		3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		
7	and related organizations greater than \$150	•								-		4		Х
5	Did any person listed on line 1a receive or a											-		
Ŭ	rendered to the organization? If "Yes." com	•				•			•	addi for del video		5		Х
Sec	tion B. Independent Contractors	ipiete Scriedali	- 0 1	UI SL	<i>1</i> 011 <u>j</u>	Jers	OH							
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100.000 of com	oensa	tion fro	m	
	the organization. Report compensation for	•	•							•				
	(A)	_							(B)			(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompe		า
2	Total number of independent contractors (in		ot lir	nited	d to		_	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation				(	J						000	

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Form 990 (2020) MADDIE'S PLACE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		Cricck ii Gerieddie G Corttains a response	or riote to arry line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events1c					
ifts ar /		Related organizations 1d					
nig.		Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
uti Je	•	similar amounts not included above <b>1f</b>	681,279.				
ë₽	_		001,275.				
o d	9			681,279.			
Og	n	Total. Add lines 1a-1f		001,479.			
			Business Code				
မွ	2 a						
ē Š	b						
Se	С	:					
am	d						
Beg	е	,					
Program Service Revenue	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
	3	The state of the s		2.			2.
	_	other similar amounts)		۷.			4.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>	( )				
	h	Less: cost or other basis					
0	D						
n l		and sales expenses					
Revenue		Gain or (loss)7c					
		Net gain or (loss)	<b></b>				
her	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 199a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a	3				
	b	Less: cost of goods sold10l	)				
	С	Net income or (loss) from sales of inventory	<b></b>				
,			Business Code				
ño •	11 a	MISCELLANEOUS	624100	6.	6.		
ne and	b						
Miscellaneous Revenue	c						
ŠČ	ų	All other revenue					
Σ	_	Total. Add lines 11a-11d		6.			
	12	Total revenue See instructions		681 287.	6.	n	2

	990 (2020) MADDIE'S PLA			82-4	916091 Page <b>10</b>
	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nolete column (A)	
00011	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			5	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)				
10	Other employee benefits				
11	Payroll taxes  Fees for services (nonemployees):				
''	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	43,000.			43,000.
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.)				
12	Advertising and promotion				
13	Office expenses	167.		167.	
14	Information technology				
15	Royalties	25 242		27.040	
16	Occupancy	37,040.	420	37,040.	
17	Travel	438.	438.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	806.		806.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)  MERCHANT PROCESSING FEE	1,547.	1,547.		
b	BUSINESS LICENSES & PER	155.	_,-,-,-,	155.	
c	BANK SERVICE CHARGES	42.		42.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	83,195.	1,985.	38,210.	43,000.
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)

Form 990 (2020)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,456.	1	31,506.
	2	Savings and temporary cash investments			4,183.	2	680.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	1,247,810.			
	b	Less: accumulated depreciation	. 10b	0.	0.	10c	1,247,810.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14	8,175.		
	15	Other assets. See Part IV, line 11	10,000.	15	9,560.		
	16	Total assets. Add lines 1 through 15 (must ed	33)	17,639.	16	1,297,731.	
	17	Accounts payable and accrued expenses				17	27,000.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of the	iese pers	ons		22	505 000
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	625,000.
	24	Unsecured notes and loans payable to unrelate		Г		24	30,000.
	25	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			0	25	600.000
	26	Total liabilities. Add lines 17 through 25			0.	26	682,000.
S		Organizations that follow FASB ASC 958, c	heck her	e ▶ 🔼			
JCe		and complete lines 27, 28, 32, and 33.			17 620		615 721
alaı	27	Net assets without donor restrictions			17,639.	27	615,731.
Θ	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB ASC	958, cne	eck nere			
or F	00	and complete lines 29 through 33.	1-			00	
jt.	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			17,639.	31	615,731.
ž	32	Total lich liking and not assets (fund balances				32	1,297,731.
	33	Total liabilities and net assets/fund balances			17,639.	33	1,497,731.

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Pai	T 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			<u>87.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			95.	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>92.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	7,6	39.	
5	Net unrealized gains (losses) on investments	5				
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 on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	61	5,7	31.	
Pai	t 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: Cash X Accrual 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?		2a		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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2020)	

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

<u>Total</u>

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MADDIE'S PLACE

Employer identification number 82-4916091

Pa	rt I	Reason for Public C	Charity Status. (	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	zation is not a private found											
1	Ŭ.	A church, convention of chu					VAVi).						
2	H	A school described in <b>secti</b>					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
_	H						:1						
3	H	A hospital or a cooperative						the beenitel's name					
4	ш	A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	II 170(D)( I)(A)(III). Enter	the nospital s hame,					
_		city, and state:											
5	Ш	An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describ	ed in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6	Щ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X												
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a land-grant	college					
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city,	and state of the college	e or					
		university:					_						
10		An organization that normal	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	s. membership fees. an	d gross receipts from					
		activities related to its exem											
		income and unrelated busin	•	•				-					
		See section 509(a)(2). (Cor		(1000 000tion of the tax) no		occ acquii	od by the organization t	artor durio do, roro.					
11		An organization organized a	•	volv to tost for public sat	inty Son i	saction FC	)O(a)(A)						
	H	•	•		•			nurnacea of ano ar					
12	ш	An organization organized a	•	•	-		•						
		more publicly supported org	-					Sheck the box in					
		lines 12a through 12d that o	* *										
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	_							
		the supported organization	· · · · · ·	• • • •	majority o	of the direc	tors or trustees of the s	upporting					
		organization. You must c	omplete Part IV, Se	ections A and B.									
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	/ing					
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	<b>grated.</b> A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organi	zation(s)					
		that is not functionally into	egrated. The organiz	ation generally must sati	sfy a distr	ibution req	uirement and an attenti	veness					
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	·	-									
		functionally integrated, or					31 / 31 / 31						
f	Ente	r the number of supported o	* *	, 5	5 5								
		ride the following information		d organization(s).									
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
				above (see instructions))									

# 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1,825.	18,520.	681,279.	701,624.
2	Tax revenues levied for the organ-						
	ization'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			1,825.	18,520.	681,279.	701,624.
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)						392,036.
6	Public support. Subtract line 5 from line 4.						309,588.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4			1,825.	18,520.	681,279.	701,624.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					2.	2.
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.)					6.	6.
11	<b>Total support.</b> Add lines 7 through 10						701,632.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b> X
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I					14	%
15	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						. $\Box$
	and <b>stop here.</b> The organization qual	•	• •				
17a	10% -facts-and-circumstances test	_					·
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test	•				Ť	10% or
	more, and if the organization meets the		•		•		<b>▶</b> □
	organization meets the facts-and-circle						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 16b, 17a, or 17b	, cneck this box a	na see instructions	· <b>P</b>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
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 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	<b>&gt;</b>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
Зс		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01:		
9b		
9с		
10a		
10b		

Par	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	110		
			Yes	No
4	Did the gaverning hady members of the gaverning hady officers acting in their official conseits, or membership of one or		162	INO
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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		
	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		
Sect	tion 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		
Sect	tion 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		
	By reason of the relationship described in line 2, above, 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 <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	c)	
	Activities Test. Answer lines 2a and 2b below.	1511 4011011	Yes	No
	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		
	Did the activities described in line 2a, above, 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	2b		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	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? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
		3b		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	JU		

Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion 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		
Sect	ion 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):			
а	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		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	ally integrated	Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

_					
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
b	Excess from 2017				
<u>C</u>	Excess from 2018				
<u>d</u>	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information Desired to the second of the Desired to Desired to Desired to the second of
i dit 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.)
	(and the state of
-	
-	

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

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
MADDIE'S PLACE	82-4916091

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; Z, line 1. Complete Parts I and II.					
contributor, durin literary, or educat	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contribution is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \int \frac{1}					
but it must answer "No" o	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), in 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

MADDIE'S PLACE

82-4916091

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll

Name of organization Employer identification number

MADDIE'S PLACE 82-4916091 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person **Payroll** 117,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 X Person **Payroll** 30,300. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MADDIE'S PLACE

82-4916091

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				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(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

ADDIE	E'S PLACE				82-4916091		
art III	Exclusively religious, charitable, etc., contributi	ons to organizations described in	section 50	1(c)(7), (8), or (10) that	total more than \$1,000 for the year		
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	through <b>(e) and</b> the following line (charitable, etc., contributions of <b>\$1.000</b> )	entry. For oi <b>or less</b> for th	rganizations ne vear (Enter this info once)	<b>&gt;</b> \$		
	Use duplicate copies of Part III if additional	space is needed.		,			
a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held		
<u> </u>							
		-					
				-			
		/ \ <del>-</del>					
		(e) Transfer of g	jift				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trans	feror to transferee		
a) No. from	(L) P	/-\11-		(.n.=	Non of hour wife to 1 11		
Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held		
				-			
	-	-					
-		(a) Transfer of a	.:44				
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4 Relationship of t			elationship of trans	feror to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Descrir	otion of how gift is held		
Part I	(b) i di pose oi giit	(c) Ose of gift		(a) Descrip	Then of new girt is neid		
Ī	(e) Transfer of gift						
	(v) Hansier of gift						
	Transferee's name, address, a	nd 7IP + 4	D,	elationship of trans	feror to transferee		
-	mansieree s name, address, ar	IU ZIF + 4	110	elationship of trails	ieror to transieree		
a\ NI =							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrir	otion of how gift is held		
Part I	(, P 3	(-)		(=, = 000)			
		(e) Transfer of g	jift				
L	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trans	feror to transferee		

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MADDIE'S PLACE

**Employer identification number** 82-4916091

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	• •	1
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 w	riting that the assets held in donor ac	dvised funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor or		
	• •		ı — —
Pa			
1	Purpose(s) of conservation easements held by the organization		,,
	Preservation of land for public use (for example, recreat		n of a historically important land area
	Protection of natural habitat	· —	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	rm of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Yea
а			_
b			
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
_	listed in the National Register	· ·	
3	Number of conservation easements modified, transferred, rele		
_	year >	, acca, e, aga.eca, e. 10acca e,	and organization dailing the talk
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	•	of
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	<b>&gt;</b>	-	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conse	ervation easements during the year
	<b>▶</b> \$	, ,	Ç ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.	•	
Pai	t 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 FASB ASC 958	3, not to report in its revenue statemer	nt and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in	n furtherance of public
	service, provide in Part XIII the text of the footnote to its financial	cial statements that describes these it	tems.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement ar	nd balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fo	urtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
	Revenue included on Form 990, Part VIII, line 1	_	Α
а	nevenue included of Form 990, Fait viii, line F		

Cobo	dule D (Form 990) 2020 MADDIE '	C DI.ACF					,	32-49	16091	De	2
	t III Organizations Maintaining C		t Hiet	orical Tre	asures or	Other 9	Similar	Accete	10091	Pa	ige Z
	•								(continu	<u>ued)</u>	
3	Using the organization's acquisition, accessi	on, and other record	s, cneck	any of the f	ollowing that r	nake sigr	iiticant L	ise of its			
	collection items (check all that apply):		. $ egin{array}{c} $								
a	Public exhibition	C			hange prograr						
b	Scholarly research	e	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit of		-		•			_	7		1
D :	to be sold to raise funds rather than to be ma								_ Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "Y	es" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	•									
1a	Is the organization an agent, trustee, custodi		•					_	_	_	,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Part I	V, line 10.					
		(a) Current year	(b) F	Prior year	(c) Two years	back (d	I) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1c	r column (a)	I) held as:	 					
	Board designated or quasi-endowment	rent year end balane	% %	y, coluitiii (a)	n ricia as.						
h	Permanent endowment	<del></del> %									
·	The percentages on lines 2a, 2b, and 2c sho	•									
22	Are there endowment funds not in the posse		ation tha	t are hold ar	nd administoro	d for the	organiza	tion			
Ja	•	ssion of the organiza	alion ina	it are rielu ar	iu auriiriistere	u ioi tiie i	organiza	ilion	Г	Yes	No
	by:									162	NO
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
_	If "Yes" on line 3a(ii), are the related organiza								3b		
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unas.							
I ai			D-4 N	/ Bar 44 - 0		Dest V. Ca	- 10				
	Complete if the organization answere							<del> </del>	( ) > -		
	Description of property	(a) Cost or o		` '	or other		umulate	d	(d) Book	value	<b>;</b>
		basis (investr	nent)		(other)	aepre	eciation		0.5	1 -	- 0
	Land				7,150.						50.
	Buildings			1,16	0,660.				1,160	, 66	) U •
	Leasehold improvements										
	Equipment										
	Other								4		
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)				1,247	, 81	LO.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the	on Form 990 Part IV line	11h 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	I-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	l-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" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	<b>)</b>	
Complete if the organization answered "Yes" of	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)			
<u> </u>			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	<del>-</del>	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_				
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	18.)	5	
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	ll,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	Ί,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	ıl,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	il,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	11,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5	1,

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

681,279

43,000

OMB No. 1545-0047

Open to Public

Inspection

638,279.

Internal Revenue Service Name of the organization Employer identification number MADDIE'S PLACE 82-4916091 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. Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) NORTHWEST ADVANCEMENT CONULTING RELATED TO Yes No SOLUTIONS - 6217 E 14TH AVE CREATION AND Х

Total		<b>•</b>	681,279.	43,000.	638,279
List all states in which the organization or licensing.		utions	or has been notified	it is exempt from re	

WA				

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.				
		Ţ Ţ	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
esued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ቯ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	
_	11					
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		# > Dull take /instead	I	T ( N Takal a sassing of a skel
ne			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				атту т, р. т. у. т. т. т. т. у. т		( <b>u</b> )
- Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Not garning moonle sammary. Sastraot into 1	nominio 1, dolami (a)			,I
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: _			
		he organization licensed to conduct gaming ac		states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					

Sch	edule G (Form 990 or 990-EZ) 2020 MADDIE'S PLACE	82-4916091	Page 3
	Does the organization conduct gaming activities with nonmembers?		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
	Indicate the percentage of gaming activity conducted in:	425	0/
	n The organization's facility On An outside facility		<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		70
	Name ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [	□ No
t	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization of g	unt	
,	of gaming revenue retained by the third party   \$\sum_{\text{s},"} enter name and address of the third party:		
•	on Tes, enternance and address of the time party.		
	Name		
	Address ►		
16	Gaming manager information:		
10	daming manager mormation.		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	
Pa	organization's own exempt activities during the tax year ▶ \$  IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III lines 0. Oh	10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and rait iii, iii les 5, 5t	5, 105,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:	
<i>-</i>			
<u>(I</u>	) NAME OF FUNDRAISER: NORTHWEST ADVANCEMENT SOLUTIONS		
<u>(I</u>	) ADDRESS OF FUNDRAISER: 6217 E 14TH AVE, SPOKANE VALLEY, W	IA 99212	
(I	I) ACTIVITY: CONULTING RELATED TO CREATION AND IMPLEMENTATI	ON OF FUNDR	AIS

Schedule G	G (Form 990 or 990-EZ)	MADDIE'S	PLACE		82-4916091	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation <sub>(continued</sub>	()			

#### **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.

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

Inspection

OMB No. 1545-0047

Name of the organization

MADDIE'S PLACE

**Employer identification number** 82-4916091

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND THEIR MOTHERS AND CAREGIVERS, WITH THE HOPE OF BREAKING THE CYCLE
OF GENERATIONAL SUBSTANCE ABUSE.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE BOARD PRESIDENT AND PRESENTED TO THE ENTIRE
BOARD OF DIRECTORS FOR ADDITIONAL CONSIDERATION.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES ASSESS COMPLIANCE WITH
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY THROUGH PERIODIC INQUIRIES
AND DISCUSSIONS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.