** 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) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

5141D 140. 10-10 00-11
2022
Open to Public
Inspection

A I	or the	2022 calendar year, or tax year beginning and	ending		
B	Check if applicable	C Name of organization		D Employer iden	tification number
	Addres	MAGGIE'S PLACE, INC.			
	Name change	Doing business as		86-097267	75
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1102	Room/suite	E Telephone num	
	⊥return/ termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,205,249.
Г	Amend			H(a) Is this a group	
F	return Applic tion			for subordina	
_	pendin	SAME AS C ABOVE			es included? Yes No
$\overline{}$	Γαν. Δνα	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	n a list. See instructions
	Nebsit		JI JZ1	H(c) Group exemp	
		organization: X Corporation Trust Association Other	I Vear	of formation: 1999	M State of legal domicile; AZ
	art I	Summary	L 10ai	or formation.	IVI State of legal dofficite,
	_	Briefly describe the organization's mission or most significant activities: MAGGIE	'S PLACE	WELCOMES PREGNA	ANT
Governance	•	AND PARENTING WOMEN AND THEIR CHILDREN INTO A SAFE AND LOVING			
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net	assets.
ove	3				3 12
		Number of independent voting members of the governing body (Part VI, line 1b)			4 11
Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5 78
ζĘ	6	Total number of volunteers (estimate if necessary)			6 275
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b 0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		5,282,16	
Revenue	9	Program service revenue (Part VIII, line 2g)			0.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,39	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		175,99	7. 42,609.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,459,56	1. 4,088,732.
	13	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.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,875,65	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0. 66,200.
xpe	. b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,184,65	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,060,31	
		Revenue less expenses. Subtract line 18 from line 12		2,399,24	
t Assets or	3		Ве	ginning of Current Yea	
sets	20	Total assets (Part X, line 16)		5,415,55	
T A	21	Total liabilities (Part X, line 26)		144,79	
Net		Net assets or fund balances. Subtract line 21 from line 20		5,270,75	7. 5,638,258.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.	2
	(Xaura Mlagruder Signature of officer		Date	
Sig		·		Date	
Her	e	LAURA MAGRUDER, CHIEF EXECUTIVE OFFICER Type or print name and title			
			Tr	Date Check	PTIN
Da!		Print/Type preparer's name Preparer's signature A SHAW CRA		1/06/2022 if	
Paid		JILL A. SHAW, CPA		Sell-elli	· · · · · · · · · · · · · · · · · · ·
	parer	Firm's name HEINFELD, MEECH & CO, P.C.		Firm's EIN	86-0558065
use	Only	Firm's address 1365 NORTH SCOTTSDALE ROAD, SUITE 300		F	02 277 0440
		SCOTTSDALE, AZ 85257		Phone no. 6	02-277-9449
May	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Pa	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: MAGGIE'S PLACE WELCOMES PREGNANT AND PARENTING WOMEN AND THEIR
	CHILDREN INTO A SAFE AND LOVING COMMUNITY, PROVIDING LIFE-CHANGING
	PROGRAMS AND ONGOING SERVICES TO HELP THEM TO BECOME SELF-SUFFICIENT.
	FROGRAMS AND UNGUING SERVICES IN HELF THEM IN DECOME SELF-SUFFICIENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
2	·
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,002,514. including grants of \$) (Revenue \$)
	SHELTER: MAGGIE'S PLACE PROVIDES SAFE HOUSING FOR PREGNANT AND
	PARENTING WOMEN WHO ARE EXPERIENCING TRAUMA INCLUDING VIOLENCE,
	NEGLECT, SUBSTANCE ABUSE, POVERTY, AND HOMELESSNESS. MAGGIE'S PLACE
	OPERATES FOUR MATERNITY HOMES IN MARICOPA COUNTY THAT PROVIDE A STABLE
	ENVIRONMENT, SUPPORT RESOURCES AND A POSITIVE, HEALTHY COMMUNITY FOR
	PREGNANT WOMEN EXPERIENCING HOMELESSNESS. MAGGIE'S PLACE ALSO OPERATES
	TWO TRANSITIONAL APARTMENT COMPLEXES (15 UNITS TOTAL) THAT PROVIDE
	HOUSING TO MOTHERS WHO HAVE TRANSITIONED FROM OUR MATERNITY HOMES AND
	ARE CONTINUING TO ESTABLISH STABILITY AND INDEPENDENCE.
	UPON ENTRY TO A MAGGIE'S PLACE HOME, EACH MOM IS PAIRED WITH A
	STABILITY SPECIALIST (CASE MANAGEMENT) AND A LIVE-IN AMERICORPS MEMBER
4b	(Code:) (Expenses \$1,015,482. including grants of \$) (Revenue \$
	EDUCATION AND FAMILY RELATIONSHIPS: MAGGIE'S PLACE OFFERS LIFE CHANGING
	EDUCATIONAL PROGRAMS AND SERVICES TO PREGNANT AND PARENTING WOMEN. WE
	PROVIDE A SAFE COMMUNITY TO LIVE AND THE EDUCATION TO LEARN HOW TO TAKE
	CARE OF BABY AND BECOME SELF-SUFFICIENT. MAGGIE'S PLACE MOMS ARE GUIDED
	THROUGH CLASSES, SEMINARS, AND ONE-ON-ONE COACHING SESSIONS IN
	EVIDENCE-BASED PARENTING, NUTRITION, WELLNESS, LEGAL RESOURCES, JOB
	READINESS, FINANCIAL LITERACY, CAR SEAT SAFETY, INFANT AND CHILD
	SAFETY, AND CRIB SAFETY. AFTER MOMS TRANSITION OUT OF MAGGIE'S PLACE
	HOUSING THEY CONTINUE TO BE PROVIDED WITH RICH RESOURCES, ACTIVITIES
	AND PROGRAMS THAT SUPPORT THEM ON THEIR JOURNEY TO IMPROVE THEIR
	FAMILY'S HEALTH AND RELATIONSHIPS. IN 2022, MAGGIE'S PLACE PROVIDED
	EDUCATIONAL ACTIVITIES AND RESOURCES TO 256 PEOPLE INCLUDING 233 PARENT
4c	CET 24C
40	FAMILY SUPPORT SERVICES: MAGGIE'S PLACE CLIENTS COME FROM A DIVERSE
	RANGE OF TRAUMATIC CIRCUMSTANCES. BECAUSE WE MEET EACH PARTICIPANT'S
	UNIQUE NEEDS, WE FOCUS ON BUILDING TRUST AND PROVIDING TRAUMA SENSITIVE
	SERVICES INCLUDING FOOD, SAFE SHELTER, CLOTHING, CASE MANAGEMENT,
	REFERRALS TO COMMUNITY RESOURCES, ENROLLMENT SERVICES, TRANSPORTATION,
	EDUCATIONAL SCHOLARSHIPS, ASSISTANCE WITH PERMANENT HOUSING AND HTTLITTES WE HELD OUR CLIENTS IDENTIFY THEIR COALS IN JOR PRADINESS.
	UTILITIES. WE HELP OUR CLIENTS IDENTIFY THEIR GOALS IN JOB READINESS;
	MENTAL, BEHAVIORAL, AND PHYSICAL HEALTH; AND EARLY LEARNING, AND THEN
	TAILOR OUR SERVICES TO SUPPORT THEM AND HELP THEM BE SUCCESSFUL IN
	THEIR INDIVIDUAL JOURNEY. OUR SERVICES ARE DIRECTLY BASED ON THE FIVE
	PROTECTIVE FACTORS IDENTIFIED IN THE CENTER FOR THE STUDY OF SOCIAL
	POLICY'S STRENGTHENING FAMILIES PROTECTIVE FRAMEWORK: PARENTAL
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,673,312.

Form 990 (2022) MAGGIE'S PLACE, INC. 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l x
^	Schedule D, Part III	8		_ A
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?	9		x
10	If "Yes," complete Schedule D, Part IV	-		
10		10		l x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
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		х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,	14a		 ^
D	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. See instructions	17	Х	
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	1 1 100, 0011,000 0011,000	20a		Х
b	, , , , , , , , , , , , , , , , , , , ,	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	Х

Part IV	Checklist of Required Schedules	(continued)
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			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, , ,	OEL		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 53	10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(mark lie) what is not be written and	1c	х	
	(gambling) winnings to prize winners?	l IC		1

Form 990 (2022)

MAGGIE'S PLACE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field to the to-calendary year entiting with or within the year excovered by this return 2 2 2 3 3 4 5 1 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1				Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3	2 a				
36 Did the organization have unrelated business gross income of \$1,000 or more during the year? 38 b If "Ves," has it filed a Form 980F for this year? If "No" or line 30, provide an explanation on Schedule O 39 dh At any time during the calendary vary, dit 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 accountry) very. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization an party to a prohibited tax shelter transaction at any time during that axy sea? 5 a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c 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 combibutions? 6 a If "Ves," of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 b Organizations that may receive deductible contributions under section 170(c). 8 b If "Ves," office organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 c Organizations that may receive deductible contributions under section 170(c). 10 b If the organization receive a payment is excess of \$75 matep party as a contribution or and party for goods and services provided? 10 b If "Ves," indicate the number of Forms 8282 filed during the year. 11 b If "Ves," indicate the number of Forms 8282 filed during the year. 12 b If the organization received an orthibution of cash, both, and party as a contribution of cash, or otherwise dispose of tangible personal property for which it was required to li		filed for the calendar year ending with or within the year covered by this return			
b II "Yes," risid if flied a Form 990-T for this year? If "No' to fine 3b, provide an explanation on Schedule O 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 accountry) B II "Yes," enter the name of the foreign country See instructions for filing requirements for FiniCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 bid any textelle party hority the organization file Form 8886.7? 61 If "Yes," to line 5a or 5b, did the organization file Form 8886.7? 62 Does the organization bank amougl goas receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions? 63 bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 64 bif the organization include a with every solicitation an express statement that such contributions or gifts were not tax deductible? 65 bif "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 76 organizations that may receive deductible contributions under section 170(c). 86 bif the organization receive advantage in excess of \$75 made party as a contribution and party for goods and services provided? 77 bif of the organization services device deductible contributions and party for goods and services provided? 78 bif the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 79 bif the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 79 bif the organization receive any tunds, directly or indirectly, to pay premiums on a p	b		2b	Х	
4a At any time during the calendary 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 accounts (FBAR). b if "ves," enter the name of the fereign 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? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Id was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or tax shelter before the section of the sectio			3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account(?) b if "ves," 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? 5b Did any taxebile party notify the organization file form 8886/1? 5c If "ves" to line Sa or Sb, did the organization file form 8886/1? 5c Obest the organization and unal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 1706/. b lid the organization notify the donor of the value of the goods or services provided? 7 Difference of the contribution of the value of the goods or services provided? 7 Difference of the contribution of the value of the goods or services provided? 7 Difference of the contribution of the value of the goods or services provided? 7 Difference of the organization notify the donor of the value of the goods or services provided? 7 Difference of the organization notify the donor of the value of the goods or services provided? 7 Difference of the organization notify the donor of the value of the goods or services provided? 7 Difference of the organization notify the donor of the value of the goods or services provided? 7 Difference of the organization notify the donor of the value of the goods or services provided? 7 Difference of the organization notify the donor of the value of the goods or services provided? 1 Difference of the organization or organization organization notify the goods organization organization organization organization organization organization organization organization organization			3b		
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		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Own website X Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LAURA MAGRUDER - 602-262-5555 PO BOX 1102, PHOENIX, AZ 85001

Form 990 (2022) MAGGIE'S PLACE, INC. 86-0972675 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)							(D)	(E)	(F)
Name and title	Average	(C) Position		Reportable	Reportable	Estimated				
Name and title	hours per					than o		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ped		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	lividu	stitutio	Officer	y emp	hest	Former			organizations
(1) 13773 13 677777	line)	Ĕ	Ĕ	9	- S	ぎも	P.			
(1) LAURA MAGRUDER	40.00	∤						120 500	_	0.044
(2) JOHN SCOLA	10.00	Х		Х		\vdash		139,522.	0.	9,244.
	10.00	∤							_	
CHAIR	1 50	Х		Х		┢		0.	0.	0.
(3) GERRY STENSON	1.50	∤							_	•
VICE CHAIR	1 50	Х		Х		┢		0.	0.	0.
(4) BRENDA HALPAIN	1.50	ł								
TREASURER	1.50	Х		Х		<u> </u>		0.	0.	0.
(5) LYNN GALLETT	1.50	l								
SECRETARY		Х		Х		_		0.	0.	0.
(6) MEGAN AMDAHL	0.50	1								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(7) CONSUELO GRANT	0.50	1								
DIRECTOR		Х						0.	0.	0.
(8) ERIN NAUGHTON ALAIMO	0.50	1								
DIRECTOR		Х				_		0.	0.	0.
(9) INGRID PLUMB	0.50									
DIRECTOR		Х						0.	0.	0.
(10) JOHN SMITH	0.50									
DIRECTOR		Х						0.	0.	0.
(11) LESLIE ROCHA	0.50									
DIRECTOR		Х						0.	0.	0.
(12) JULIA HALL	0.50									
DIRECTOR		х						0.	0.	0.
		1								
		1								
		1		1						

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Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per	verage Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	e Estim		(F) stimate mount	of
		week (list any hours for related organizations below	tee or director	Institutional trustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	ons compensa MISC/ from the			ation e tion ted
		line)	Individ	Institu	Officer	Key en	Highe	Former				5.9		
	Subtotal								139,522.		0.		9,	244.
С	Total from continuation sheets to Part VI	I, Section A							139,522.		0.			0. 244.
2	Total (add lines 1b and 1c) Total number of individuals (including but n									000 of reportable				1
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								hest compensated emp			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4		Х
5	Did any person listed on line 1a receive or a	accrue comper	ısati	on fi	om	any	unre	elate	ed organization or individ	dual for services				
Sec	rendered to the organization? f "Yes." cometion B. Independent Contractors	plete Schedule	e <i>J f</i>	or su	ıch ı	pers	on					5		Х
1	Complete this table for your five highest co the organization. Report compensation for										pensa	tion fr	om	
	(A) Name and business		NO		<u>.g</u>	1011	<u> </u>		(B) Description of s				C) ensatio	n
												•		
2	Total number of independent contractors (i	ncluding but no	ot lir	nited	d to	thos	se lis	sted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation					0							

Form 990 (2022) MAGGIE'S PROPORT VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	response	or note to any lin	e in this Part VIII			
							-	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
လ လ	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	_		Membership dues			1b					
ية ق			Fundraising events			1c					
fts, r A						1d					
Ei			Government grants (contr	ibutic		1e	1,895,901.				
Sin			All other contributions, gifts,			16	2,000,002.				
E È		'	similar amounts not included			ا ء ا	2,125,597.				
έş						1f	205,517.				
		_	Noncash contributions included in	lines 1	a-1f	1g \$	203,317.	4,021,498.			
O a		n	Total. Add lines 1a-1f				Business Code	4,021,490.			
	_						Business Code				
<u>ic</u>	2	а									
er v		b									
n S		С									
ran Sev		d									
Program Service Revenue		е									
Δ.		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (include	ling o	divider	nds, intere	est, and				
		other similar amounts)						13,243.			13,243.
	4		Income from investment of	of tax	-exem	pt bond p	roceeds				
	5		Royalties								
			(i)) Real	(ii) Personal						
	6	а	Gross rents	6a		30,856.					
		b	Less: rental expenses	6b		62,651.					
		С	Rental income or (loss)	6с	-	31,795.					
		d	Net rental income or (loss)) <u></u>				-31,795.	-31,795.		
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a			12,035.				
		b	Less: cost or other basis								
ē			and sales expenses	7b			653.				
ē		С	Gain or (loss)	7с			11,382.				
ş			Net gain or (loss)					11,382.	11,382.		
ther Revenue	8		Gross income from fundraisin			ot					
₽			including \$	-	-	of					
			contributions reported on			.					
			Part IV, line 18		,						
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin		-						
	-		Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from				•				
	10		Gross sales of inventory, I								
		u	and allowances				112,567.				
		h	Less: cost of goods sold				,				
			Net income or (loss) from				-,	59,354.	59,354.		
\dashv		U	TACE HIGOTHE OF (1099) HOTH	Jaics	, OI IIIV	oritory .	Business Code		22,231.		
ns	11	•	MISCELLANEOUS				900099	15,050.	15,050.		
e e	11	_						15,030.	13,030.		
Miscellaneous Revenue		b									
Sce		C	All other revenue								
Ξ			All other revenue					15,050.			
	40		Total. Add lines 11a-11d					4,088,732.	53,991.	0.	13,243.
	12		Total revenue. See instruction	IIIS				4,000,132.	1 23,331.	ι .	13,443.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, 148,766 trustees, and key employees 74,382. 37,192. 37,192. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,679,282. 154,264. Other salaries and wages 1,296,303. 228,715. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,855 11,445. 819 1,591. 238,103, 153,353. 72,333. 12,417. Other employee benefits 9 13,209 129,421 97,415. 18,797. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 640 640 Legal 127,608. 127,608, Accounting Lobbying 66,200. 66,200. Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 213,002 45,897. 115,031 52,074. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 253,528. 179,498. 46,813. 27,217. Office expenses 13 Information technology 14 15 Royalties 92,626. 81,971. 6,702 3,953. 16 Occupancy 54,387 54.044. 225. 118. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 138,261 130,561, 4.779 2,921, Depreciation, depletion, and amortization 22 68,758. 57,162. 11,238 358. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) PARTICIPANT-RELATED 491,281, 491,281, VOLUNTEER-RELATED 5,513 5,513, С d All other expenses 457,066. 3,721,231, 2,673,312 590,853 Total functional expenses. Add lines 1 through 24e 25 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 (2022) Part X Balance Sheet

Га	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to an	/ line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,471,232.	1	412,452.		
	2	Savings and temporary cash investments		2	2,293,648.		
	3	Pledges and grants receivable, net		814,833.	3	1,082,137.	
	4	Accounts receivable, net		,	4	, ,	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	•				
		under section 4958(f)(1)), and persons descri	•	,		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			70,794.	8	20,891.
As	9		21,121.	9	14,713.		
		Land, buildings, and equipment: cost or other			,		
		basis. Complete Part VI of Schedule D		3,452,711.			
	b			1,443,221.	2,037,075.	10c	2,009,490.
	11	Investments - publicly traded securities			, , .	11	, , ,
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	500.	15	0.		
	16	Total assets. Add lines 1 through 15 (must e			5,415,555.	16	5,833,331.
	17	Accounts payable and accrued expenses		144,798.	17	140,855.	
	18	Grants payable	,	18	,		
	19	Deferred revenue				19	54,218.
	20	Tax-exempt bond liabilities				20	,
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
iii		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	•	·		25	
	26	Total liabilities. Add lines 17 through 25			144,798.	26	195,073.
		Organizations that follow FASB ASC 958, o	check her	X	·		<u> </u>
es		and complete lines 27, 28, 32, and 33.					
anc	27			4,382,087.	27	4,416,470.	
Bala	28	Net assets with donor restrictions	888,670.	28	1,221,788.		
둳		Organizations that do not follow FASB AS			·		
Ξ		and complete lines 29 through 33.	,				
þ	29	Capital stock or trust principal, or current fun	nds			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,270,757.	32	5,638,258.
2	33	Total liabilities and net assets/fund balances			5,415,555.	33	5,833,331.

Form **990** (2022)

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Pa	rt 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	4	088,	732.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3 ,	721,	231.
3	Revenue less expenses. Subtract line 2 from line 1	3		367,	501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5 ,	270,	757.
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	5	638,	258.
Pa	rt 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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	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 X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	av quelita avalais valva en Cabadula O and describe any stone talcente undergo quels quelts		015	v	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

MAGGIE'S PLACE INC

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Employer identification number

86-0972675

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,047,178.	2,429,377.	2,832,849.	5,282,169.	4,021,498.	16,613,071.
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	2,047,178.	2,429,377.	2,832,849.	5,282,169.	4,021,498.	16,613,071.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,123,557.
6	Public support. Subtract line 5 from line 4.						15,489,514.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,047,178.	2,429,377.	2,832,849.	5,282,169.	4,021,498.	16,613,071.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		80,950.	39,359.	55,784.	44,098.	220,191.
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.)	23,851.				15,050.	38,901.
11	Total support. Add lines 7 through 10						16,872,163.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	974,179.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor	here					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					14	91.81 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	91.28 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2021. If the o						
	and stop here. 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	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-	•	• • •		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2022 MAGGIE'S PLACE, INC. 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	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 organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Schedule A (Form 990) 2022 Part IV | Supporting (

rt IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

		Voc	No
		Yes	140
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	100		
	10a		
	10b		
le	A (Forn	n 990)	2022

Page 4

Pa	rt IV Supporting Organizations (continued)			J
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	INO
•	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		
Sec	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		
3	By reason of the relationship described on 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 Part VI the role the organization's	_		
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	struction	c)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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 integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions		•		Current Year				
1	Amounts paid to supported organizations to accomplish exer		1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	S	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	e organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	•	Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
a	From 2017								
b	From 2018								
c	From 2019								
d	From 2020								
<u>e</u>	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2022 distributable amount								
<u>_i</u>	Carryover from 2017 not applied (see instructions)								
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
<u>e</u>	Excess from 2022								

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	MAGGIE'S	PLACE,	INC.				86-0972675	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c, 4b lines 2 and 3;	, 4c, 5a, Part IV, \$	6, 9a, 9b, Section E,	9c, 11a, 11I lines 1c, 2a	o, and 11c; P , 2b, 3a, and	art IV, Section B, 3b; Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section; Part V, Section B, line 1e; Fadditional information.	on C,

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

20

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

ZUZZEmployer identification number

М	AGGIE'S PLACE, INC.	86-0972675
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	l Rule. See instructions.
General Rule		
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot ny one contributor. Complete Parts I and II. See instructions for determining a contribu	
property) from a	ty one contributor. Complete Parts Fand II. See instructions for determining a contribu	ator 5 total contributions.
Special Rules		
X For an organizati	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp	port test of the regulations under
	I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b	·
	ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount or	
or (ii) Form 990-E	EZ, line 1. Complete Parts I and II.	
For an organizati	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr	rom any one
	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable	•
	ational purposes, or for the prevention of cruelty to children or animals. Complete Parts	
•	(b) instead of the contributor name and address), II, and III.	, 0
Eor on organizati	ion described in section 501(a)(7) (9) or (10) filing Form 000 or 000 F7 that received for	rom any ana contributor, during the
-	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr ns <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totale	· · · · · · · · · · · · · · · · · · ·
	r here the total contributions that were received during the year for an exclusively relig	
	complete any of the parts unless the General Rule applies to this organization because	
	ble, etc., contributions totaling \$5,000 or more during the year	,
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule	R (Form 990) but it must
	ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990	· ·
	ing requirements of Schedule B (Form 990).	· · · · · · · · · · · · · · · · · ·
	3 1	

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

86-0972675

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1		\$\$	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					
2			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		\$\$_1,423,420.	Person X Payroll					
(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					
			Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization

Employer identification number

86-0972675

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f 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. 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ _ _ \$	

Name of or	rganization		Employer identification number						
	PLACE, INC.		86-0972675						
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following line entith that the following line entith that the following that the following the following that the following the following that the following the following that the following that the following the following that the following that the following that the following the following that the following the following that the following the	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess for the year. (Enter this info. once.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift	t						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift	ifer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2022
Open to Public

Name of the organization

Employer identification number

MAGGIE'S PLACE, INC. 86-0972675 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ______ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	dule D (Form 990) 2022 MAGGIE'S P							6-097		Р	age 2
Pai	rt III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	asures, o	r Other S	imilar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sign	ificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е	, [(Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							n Part	XIII.		
5	During the year, did the organization solicit of							_	_	_	_
D :	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on Fo	orm 990, P	art IV, I	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						7		_
	on Form 990, Part X?							L	」Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amount	[
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		٦.,		٦
2a	Did the organization include an amount on F					•	?	L	」Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.										
Fai	Trick Tendowment Funds. Complete	_					Three year	o book	(a) Four	wooro	hook
		(a) Current year	(0) P	rior year	(c) Two yea	is back (a)	i illiee yeal	S Dack	(e) Four	years	Dack
	Beginning of year balance										
b	Contributions										
С.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
	Administrative expenses										
g	End of year balance		<i></i>		<u> </u>						
2	Provide the estimated percentage of the cur	•	`	, column (a)) neid as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		_%									
2-	The percentages on lines 2a, 2b, and 2c sho	•	.1:	مرم امام ما مرب	al - al-asiminata.						
3 a	Are there endowment funds not in the posse	ession of the organiza	ation that	are neid an	ia administer	ed for the			Г	Yes	No
	organization by:								20(1)	103	110
	(i) Unrelated organizations								3a(i)		
L	(ii) Related organizations								3a(ii)		
									3b		
Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment it	irius.							
	Complete if the organization answere) Part IV	line 11a S	ee Form 990	Part X line	e 10				
									(d) Pool	. volu	
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		umulated eciation		(d) Bool	√ valu	i C
10	Land	- ` 	,	240.0	498,872.	азріс				498	872.
	Land			2.	,365,465.	1	,092,19	5.			270.
	Buildings				, , ,	_	, ,	+	-,	,	
	Equipment				542,920.		351,02	6.		191	894.
u	-4b				,		,				- •

45,454.

Schedule D (Form 990) 2022

45,454.

2,009,490.

e Other

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

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	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	-of-vear market value
(A) E:	(b) Book value	(c) Montos di Valuation. Cost di Gila	or 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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	_		
(8)	_		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes"	on Form 900 Part IV line	11d See Form 990 Part V line 15	
	Description	Tru. Gee Form 550, Fart X, line 15.	(b) Book value
(1)			(D) Dook value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	======================================		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide			at 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

Par	t XI Reconciliation of Revenue per Audited Financial St		e per Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV,			4,151,383
1			1	4,131,303
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants Other (Describe in Part XIII.)		62,651.	
d	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	62,651
е 3	Add lines 2a through 2d Subtract line 2e from line 1			4,088,732
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1.			4,088,732
	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	es per Return.	, ,
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1			1	3,783,882
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)		62,651.	
е	Add lines 2a through 2d		2e	62,651
3	Subtract line 2e from line 1			3,721,231
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0 .
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	3,721,231
	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1.4· Part IV lines 1b and 2b· Pa	art V line 4 [.] Part X	line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		are v, iii o 4, r are x, i	1110 Z, 1 art 711,
		•		
PART	X, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SEC	CTION 501(C)(3)		
OF T	HE INTERNAL REVENUE CODE AND SIMILAR STATE OF ARIZONA TA	AX PROVISIONS.		
T37 3	DRIMION MUR ORGANIZATION OUNTINES FOR THE GUARTINADIE.	COMMUNICATION		
IN A	DDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE (CONTRIBUTION		
וזחשת	CTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIE	A Z AN		
0600	CITON UNDER SECTION 170(B)(1)(R) AND HAS BEEN CHASSIFIED	J AS AN		
ORGA	NIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION !	509(A)(1) THE		
ORGA	NIZATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM	INCOME TAXES		
	,	,		
IS G	ENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE	SERVICE FOR		
THRE	E YEARS AFTER THE DATE FILED.			
MANA	GEMENT HAS EVALUATED THE TAX POSITIONS TAKEN OR EXPECTED	O TO BE TAKEN,		
IF A	NY, ON ITS EXEMPT ORGANIZATION FILINGS, AND THE LIKELIHO	OOD THAT UPON		

Schedule D (Form 990) 2022 MAGGIE'S PLACE, INC.	86-0972675	Page 5
Schedule D (Form 990) 2022 MAGGIE'S PLACE, INC. Part XIII Supplemental Information (continued)		-
EXAMINATION THOSE POSITIONS WOULD BE SUSTAINED. BASED ON THE RESULTS OF		
THIS EVALUATION, MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES		
RENIAL DAFENSES		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer ide	ntification number
MAGGIE'S P	LACE, INC.					86-097267	5
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the followin			Check all that apply.			
b Internet and email solicitations			-	nment grants			
c Phone solicitations d In-person solicitations	g Special	fundra	aising	events			
2 a Did the organization have a written of key employees listed in Form 990. P	or oral agreement with any individual Part VII) or entity in connection with p				tees,	or X Yes	No
b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) pursu			~	ne fur	<u> </u>	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
KIM JOYCE AND ASSOCIATES, LLC - 14301 N 87TH ST UNIT 114,	CDANG UDIGING	Yes	No X	1 000 000		66 200	022 800
- 14301 N 6/1h S1 UNII 114,	GRANT WRITING			1,000,000.		66,200.	933,800.
Total				1,000,000.		66,200.	933,800.
List all states in which the organization or licensing.					it is e	exempt from re	gistration
AZ							

		le G (Form 990) 2022 MAGGIE'S P	<u> </u>			0972675 Page 2
Pa	art I					
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			(a a. a. t a. a.)	(2	(tatal accordance)	col. (c))
<u>e</u>			(event type)	(event type)	(total number)	
Revenue	١.					
Вè	1	Gross receipts				
	_					
	2	Less: Contributions				
		Current in a commo (line of projects line of)				
	3	Gross income (line 1 minus line 2)				
	۱,	Cook prizos				
	4	Cash prizes				
	5	Noncach prizos				
S		Noncash prizes				
nse	6	Rent/facility costs				
Direct Expenses	ľ	Tient/facility costs				
ű H	7	Food and beverages				
je	'	1 ood and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10					
		Net income summary. Subtract line 10 from li				
Pa	irt					•
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
eve						
	1	Gross revenue				
Ś	2	Cash prizes				
Expenses						
xpe	3	Noncash prizes				
ct E						
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	No	L No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	_	Not construct to the construction of the const	Second Proceeds 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
0	En	tor the state(a) in which the organization condu	uoto goming ootivitios:			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	etetee?		Yes No
		No," explain:				1es NO
	. 11					
	_					
10=	We	ere any of the organization's gaming licenses re	evoked suspended or te	erminated during the tax v	/ear?	Yes No
		Yes," explain:			, •	55 ,140
_		· · · · · · · · · · · · · · · · · · ·				
	_					
	_					

Sch	edule G (Form 990) 2022	MAGGIE'S PLACE,	INC.	86-0972675	Page 3
11	Does the organization conduct ga	aming activities with no	nmembers?	Y	es No
			rust, or a member of a partnership or other entity formed		
					es No
13	Indicate the percentage of gaming				
				13a	%
			the organization's gaming/special events books and records:		
14	Enter the name and address of th	e person who prepares	the organization's gaming/special events books and records.		
	Nama				
	Name				
	Address				
	_				
15a	Does the organization have a con	tract with a third party	from whom the organization receives gaming revenue?	Y	es No
b	If "Yes," enter the amount of gam	ing revenue received by	y the organization \$ and the amou	nt	
	of gaming revenue retained by the	e third party \$			
c	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$	<u></u>		
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
а	Is the organization required under	state law to make cha	ritable distributions from the gaming proceeds to		
	retain the state gaming license?			Y	es No
b	Enter the amount of distributions	required under state la	w to be distributed to other exempt organizations or spent in t	he	
-	organization's own exempt activit	•	\$		
Pa			explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part III. lines	s 9, 9b. 10b.
	• •		de any additional information. See instructions.	,	., . =, . ==,
		, p	,		
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGH	EST PAID FUNDRAISERS:		
	, = , 22,				
(I)	NAME OF FUNDRAISER: KIM 3	JOYCE AND ASSOCIA	TES LLC		
(- /		70101 1110 112200111	,		
(T)	ADDRESS OF FUNDRAISER. 14	4301 N 87TH ST IIN	IT 114, SCOTTSDALE , AZ 85260		
(+ /	MEDICES OF TONDRITION. 19		11 114, 50011551151 , 112 03200		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	(Form 990) Supplemental Info	MAGGIE'S PLACE,	INC.	86-0972675	Page 4
Part IV	Supplemental Info	rmation (continued)			

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open To Public

Name of the organization

MAGGIE'S PLACE, INC.

Employer identification number

86-0972675

Inspection

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved (a) Name of (d) Loan to or (b) Relationship (i) Written (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? organization? cómmittee? To From Yes No Yes No Yes No

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

Total

Part IV	Business Transactions Involving Interested Persons.

Complete if the organization answer	ered "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
LISA LAVOIE	FORMER BOARD MEMBER		INSURANCE B		Х
GAVIN AHERN	FORMER BOARD MEMBER		RECRUITMENT		Х
RENA CRUSE	FORMER BOARD MEMBER	62,561.	HUMAN RESOU		Х
Part V Supplemental Information Provide additional information for r	esponses to questions on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS TRANSACTION	NS INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: LISA LAVOIE					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
FORMER BOARD MEMBER					
(C) AMOUNT OF TRANSACTION \$ 90,250.					
(D) DESCRIPTION OF TRANSACTION: INS	URANCE BROKER SERVICES FOR CURREN	ſΤ			
YEAR POLICY RENEWAL					
(E) SHARING OF ORGANIZATION REVENUE	S? = NO				
(A) NAME OF PERSON: GAVIN AHERN					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
FORMER BOARD MEMBER					
(C) AMOUNT OF TRANSACTION \$ 2,598.					
(D) DESCRIPTION OF TRANSACTION: REC	RIITTMENT MERCHANDISE				
(E) SHARING OF ORGANIZATION REVENUE	S? = NO				
(A) NAME OF PERSON: RENA CRUSE					
	DEDGON AND ODGANTSASTON				
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
FORMER BOARD MEMBER					
(C) AMOUNT OF TRANSACTION \$ 62,561.					

232461 04-01-22 Schedule L (Form 990)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Employer identification number

86-0972675 MAGGIE'S PLACE, INC. Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 15,000.FMV 6 Х 1 Boats and planes 7 Intellectual property 8 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (FOOD AND SUPPLI Х 24,056 111,148,FMV 25 Other CHRISTMAS GIFTS Х 2,898 73,970.FMV 26 Other MAINTENANCE Х 6 5,400.FMV 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2022

32a

X

33

LHA

b If "Yes," describe in Part II.

describe in Part II

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MAGGIE'S PLACE, INC.

Employer identification number 86-0972675

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY, PROVIDING LIFE-CHANGING PROGRAMS AND ONGOING SERVICES TO
HELP THEM TO BECOME SELF-SUFFICIENT.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WHO PARTNER ON SUPPORTING MOM THROUGHOUT HER JOURNEY AT MAGGIE'S PLACE.
FOR SOME MOMS GOALS INCLUDE ESTABLISHING EDUCATIONAL OR JOB SKILLS
TRAINING OPPORTUNITIES FOR EMPLOYMENT STABILITY, FOR OTHERS IT MAY BE
WORKING TO REUNIFY WITH OLDER CHILDREN. MAGGIE'S PLACE MEETS MOMS WHERE
THEY ARE AT AND THROUGH EXPOSURE TO AVAILABLE RESOURCE NETWORKS, OUR
PARTICIPANTS ARE ABLE TO IMPROVE THEIR ABILITY TO BUILD, MAINTAIN AND
CONSTANTLY ENHANCE THEIR PATH TO INDEPENDENCE AND SELF-SUFFICIENCY.
IN 2022, MAGGIE'S PLACE PROVIDED 39,106 SAFE NIGHTS OF HOUSING FOR 89
PREGNANT AND PARENTING MOMS AND PROVIDED THE OPPORTUNITY TO RECEIVE
ONGOING SERVICES TO MORE THAN 1,100 ALUMNI MOMS. OUR APPROACH OF
PREVENTION AND INTERVENTION ENHANCES OUR PARTICIPANT'S ABILITY TO
PROTECT AND NURTURE THEIR CHILDREN. WE PROVIDE ENDLESS SUPPORT TO OUR
CLIENTS BY BUILDING, MAINTAINING, AND CONSTANTLY IMPROVING OUR NETWORK
OF FAMILY SUPPORT SERVICES AND THIS HELPS FAMILIES BECOME RESILIENT,
STAY TOGETHER, AND CHANGE THEIR LIVES FOREVER.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
SUPPORT GROUPS, 399 SUBSTANCE ABUSE COUNSELING SESSIONS, 344 ART
SESSIONS, 415 SEEKING SAFETY SESSIONS, 505 PEER SUPPORT MEETINGS, 1,413
CHECK-IN SUPPORT TEXTS, AND 2,136 COUNSELING SESSIONS. IN ADDITION, IN

Schedule O (Form 990) 2022 Page **2**

Name of the organization MAGGIE'S PLACE, INC.	Employer identification number 86-0972675
2022, WE HELPED 1,365 MOMS AND CHILDREN BUILD TRUST, HEALING, AND	
SOCIAL SUPPORT AND CONNECTIONS THROUGH OUR NUMEROUS CELEBRATORY EVENTS	
SURROUNDING VALENTINE'S DAY, EASTER, MOTHER'S DAY, BACK TO SCHOOL,	
HALLOWEEN, THANKSGIVING, AND CHRISTMAS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
RESILIENCE, SOCIAL CONNECTIONS, CONCRETE SUPPORT IN TIMES OF NEED,	
KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT, AND SOCIAL AND EMOTIONAL	
COMPETENCE OF CHILDREN. STUDIES SHOW THAT WHEN THESE FACTORS ARE	
UTILIZED FAMILY SUCCESS INCREASES AND THE LIKELIHOOD OF CHILD ABUSE AND	
NEGLECT DECREASES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FINANCE COMMITTEE WILL REVIEW THE FORM 990 BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY IS REVIEWED AND UPDATED AT THE ANNUAL MEETING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE GOVERNING BODY DISCUSSES, REVIEWS, AND DECIDES THE CEO COMPENSATION	
ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR	
PUBLIC REVIEW UPON REQUEST. FORMS REQUIRED BY SECTION 6104 OF THE IRS CODE	
TO BE MADE AVAILABLE TO THE PUBLIC ARE PUBLISHED ON WWW.GUIDESTAR.ORG AND	
ARE ALSO MADE AVAILABLE UPON REQUEST.	

232212 10-28-22 Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

(a) (b) (c) (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Decrease of disregarded entity Support Job Readliness and Training Arizona 56,411. 209,1 GIGIE'S PLACE ARIZONA, LLC - 27-2545687 OWN, HOLD, AND MAINTAIN OBOX 1102 DENIX, AZ 85001 CAPITAL ASSETS AND REAL PROPERTY ARIZONA 1,815,9 GIGIE'S PLACE ARIZONA PROPERTY ARIZONA 1,815,9 GIGIE'S PLACE ARIZONA CAPITAL ASSETS AND REAL PROPERTY ARIZONA 1,815,9 GIGIE'S PLACE ARIZONA CAPITAL ASSETS AND REAL PROPERTY ARIZONA 1,815,9 GIGIE'S MINIOR OF Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or reganizations during the tax year.	E	86-0972675							
Part I Identification of Disregarded Entities. Comp	blete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
(a)	(b)	(c)	(d)		(e)		Ι ((f)	
	.	I		me		ssets	1	ontrolling	1
		1 *			•			itity	•
MAGGIE'S THRIFT, LLC - 45-3049621	OPERATE A THRIFT STORE TO								
PO BOX 1102	SUPPORT JOB READINESS AND						MAGGIE'S PLA	ACE ARI	ZONA,
PHOENIX, AZ 85001	TRAINING	ARIZONA	56	,411.	209,	178.	LLC		
MAGGIE'S PLACE ARIZONA, LLC - 27-2545687	OWN, HOLD, AND MAINTAIN								
PO BOX 1102	CAPITAL ASSETS AND REAL								
PHOENIX, AZ 85001	PROPERTY	ARIZONA			1,815,	958.	MAGGIE'S PLA	ACE , I	NC.
	_								
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, b	ecause	it had one or	more	e related tax-exer	npt	
(a)	(b)	(c)	(d)		(e)		(f)	(9	g) 512(b)(13)
	Primary activity	1 -				Dire	ect controlling entity	contr	512(b)(13) rolled :ity?
				(d) (e) End-of-year assets Direct 56,411. 209,178. LLC 1,815,958. MAGGIE'S F 1,815,958. MAGGIE'S F (e) (f) Direct controlling entity		Yes	No		
	_								
		 	+	+				 	

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Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34,	because it had one of	or more related
Part III	organizations treated as a partnership during the tax year.					
	3 ,					

	. ,			1		1			T		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b,	Part V	Transactions With Related Organizations.	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 34, 35b, or 36
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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a				
					1b				
С	Gift, grant, or capital contribution from related organization(s)				1c				
	Loans or loan guarantees to or for related organization(s)				1d				
		ans or loan guarantees by related organization(s)							
f	Dividends from related organization(s)				1f				
g	Sale of assets to related organization(s)				1g				
	h Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k 1l				
Performance of services or membership or fundraising solicitations for related organization(s)									
	Performance of services or membership or fundraising solicitations by related organ				1m	-			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n				
0	Sharing of paid employees with related organization(s)				10				
					1p				
	Reimbursement paid to related organization(s) for expenses								
q	Reimbursement paid by related organization(s) for expenses				1q				
	Others have found and a second about a second and a second a second and a second and a second and a second and a second an				4				
	Other transfer of cash or property to related organization(s)				1r 1s	+			
	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on w				15				
				•					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved				
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1)									
2)									
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4)									
5)									
6)				• • • •	D /F	000) 000-			
3216	3 09-14-22			Schedule	R (Form	990) 2022			

Schedule R (Form 990) 2022 MAGGIE'S PLACE, INC. 86-0972675 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print MAGGIE'S PLACE, INC. 86-0972675 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 1102 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85001 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) LAURA MAGRUDER Telephone No. ▶ 602-262-5555 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)