| SON<br>TANGE      | 990-T   |   | EXTENDED TO J  Exempt Organization Bus  (and proxy tax und               | ler se | ection 6033(e)) |  |  |  | <b>)</b> |
|-------------------|---|---|--|--------|-----------------|--|--|--|----------|
|                   |   | For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 201   |  |        |                 |  |  | 2018   |          |
| Dep               | partment of the Treasury  | <ul> <li>Go to www.irs.gov/Form990T for instructions and the latest information. 1906</li> <li>Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).</li> </ul> |  |        |                 |  | ŀ  | Open to Public Inspection for 501(c)(3) Organizations Only | -        |
| inte              | Check box if  |   |  |        |                 | ) Emple  | oyer identification number                   | -  |          |
| - A               | address changed   |   | Walle of Organization (  |        |                 |  | (Employees' trust, see instructions)         |  |          |
| —<br>B            | Exempt under section  | or<br>Type  | MARY'S PLACE SEATTLE   |        |                 |  | 27-2087950                                   |  | _        |
|                   | X 501(c)(3 03   |   | Number, street, and room or suite no. If a P.O. box, see instructions.   |        |                 |  |  | ated business activity code nstructions)                   | •        |
|                   | 408(e)  |   | 1830 9TH AVENUE  |        |                 |  |  | ,  |          |
|                   |   |   | City or town, state or province, country, and ZIP or foreign postal code |        |                 |  |  |  |          |
|                   | 529(a)  |   | SEATTLE, WA 98101  |        |                 |  | <u>.                                    </u> |  | -        |
| C                 | Book value of all assets at end of year   | F Group exemption number (See instructions.)  75. G Check organization type  X 501(c) corporation 501(c) trust 401(a)   |  |        |                 |  |  | Other trust  | . /1     |
|                   | 16,544,475. G Check organization type X 501(c) corporation 501(c) trust 401(a) nter the number of the organization's unrelated trades or businesses.                              |   |  |        |                 |  |  | Other trust  | 4        |
|                   | trade or business here . If only one, complete Parts I-V. Ii  |   |  |        |                 |  |  | than one   |          |
|                   | •   |   |  |        |                 |  |  |  |          |
|                   | describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additiona business, then complete Parts III-V. |   |  |        |                 |  |  |  | _        |
| ī                 | During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   |   |  |        |                 |  |  | s No   |          |
|                   | If "Yes," enter the name and identifying number of the parent corporation.  |   |  |        |                 |  |  |  |          |
|                   | The books are in care of   KRISTI TOLLNER   |   |  |        | <del>,</del>    | hone number > 2                                  |  |  | -        |
|                   | · · · · · · · · · · · · · · · · · · ·   | art I Unrelated Trade or Business Income  |  |        | (A) Income      | (B) Expenses                                     |  | (C) Net  | i        |
|                   | a Gross receipts or sale  |   | c Balance  | 10     |                 |  |  |  |          |
|                   | b Less returns and allow  |   | <u> </u>   |        |                 | i  |  |  |          |
| 2                 | , , , , , , , , , , , , , , , , , , ,   |   |  |        |                 | <del>                                     </del> |  |  | 1        |
| 3 3               | Gross profit. Subtract line 2 from line 1c  |   |  |        |                 | -  |  |  |          |
| <b>7</b> 60       | 4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  4b  |   |  |        |                 |  |  |  | •        |
| 9 🗢               | c Capital loss deduction for trusts   |   |  |        |                 |  |  |  | _        |
| \$≥5              | Income (loss) from a partnership or an S corporation (attach statement)   |   |  |        |                 |  |  |  |          |
| 3 <b>Z</b> 6      | Rent income (Schedule C)  |   |  |        |                 |  |  |  | -        |
|                   | Unrelated debt-financed income (Schedule E)   |   |  |        |                 |  |  |  |          |
| 3 Z 8             | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8   |   |  |        |                 |  |  |  |          |
| 309               | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  |   |  |        |                 |  |  |  |          |
| 3010              | Exploited exempt activity income (Schedule I)   |   |  |        |                 | <del>                                     </del> |  |  |          |
| 35 11<br>3 2 12   | Advertising income (Schedule J)  Other income (Schedule J)  |   |  |        |                 |  |  |  |          |
| <sup>3</sup> 2013 | Other income (See instructions, attach schedule)  Total. Combine lines 3 through 12   |   |  |        | 0.              |  |  |  | •        |
|                   | Total. Combine lines 3 through 12 13 U •    art II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)  |   |  |        |                 |  |  |  | •        |
|                   | (Except for contributions, deductions must be directly connected with the unrelated business income.)   |   |  |        |                 |  |  |  |          |
| 14                | Compensation of officers, directors, and trustees (Schedule K)  |   |  |        |                 |  |  |  |          |
| 15                | Salaries and wages RECEIVED   |   |  |        |                 |  | 15   |  |          |
| 16                | 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses  18 OCCUPATION   |   |  |        |                 |  | 16   |  |          |
|                   |   |   |  |        |                 |  | 17   |  |          |
|                   |   |   |  |        |                 |  | 18<br>19                                     | · · · · · · · · · · · · · · · · · · ·                      |          |
|                   |   |   |  |        |                 |  | 20   |  | •        |
| 20<br>21          |   | Charitable contributions (See instructions for limitation rules)  |  |        |                 |  |  | <del></del>  | •        |
| 22                | Less depreciation claimed on Schedule A and elsewhere on return   |   |  |        |                 |  | 22b  |  |          |
| 23                | Depletion .   |   |  |        |                 |  | 23   |  | ,        |
| 24                |   |   |  |        |                 |  |  |  |          |
| 25                | Contributions to deferred compensation plans  Employee benefit programs   |   |  |        |                 |  |  | \  |          |
| 26                | Excess exempt expenses (Schedule I)   |   |  |        |                 |  |  |  |          |
| 27                | Excess readership costs (Schedule J)  |   |  |        |                 |  |  |  |          |
| 28                | Other deductions (attach schedule)  |   |  |        |                 |  |  |  |          |
| 29                | Total deductions. Add lines 14 through 28   |   |  |        |                 |  |  | 0.   |          |
| 30                |   | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  |  |        |                 |  |  | 0.   | i        |
| 31                | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  |   |  |        |                 |  | 31<br>32                                     | 0.   | į        |
| <u>32</u>         |   | Unrelated business taxable income. Subtract line 31 from line 30  |  |        |                 |  |  | Form <b>990-T</b> (2018)                                   | -        |
| 823               | 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.   |   |  |        |                 |  |  | FUITH 330-1 (2018)   | 1        |

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