990	Form
	Form

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018 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.

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

OMB No. 1545-0047

AF	or the	e 2017 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	SPARE KEY			
	Name chang			41-18	388767
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		1100	952-4	106-8872
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,392,010.
	Amen	ST. PAUL, MN 55101		H(a) Is this a group re	
	Applic dition	F Name and address of principal officer: OULLE PEIERSON REE.	IN	for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527		list. (see instructions)
		te: WWW.SPAREKEY.ORG		H(c) Group exemptior	
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 🦳 Other 🕨	L Year (of formation: 1997 N	I State of legal domicile: MN
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:			
- nc		HOMEOWNERS WITH CRITICALLY ILL OR SERIOUS	SLY INJ	URED CHILDR	EN BY
& Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	I I	
No.					21
യ യ		Number of independent voting members of the governing body (Part VI, line 1b)			21
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		6	
iviti	6	Total number of volunteers (estimate if necessary)			750
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		801,265.	795,172.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		620.	88.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		104,035.	369,262.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		905,920. 253,421.	<u>1,164,522.</u> 413,113.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		255,421.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		341,221.	344,214.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ent	108	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	<u>лл</u>	••	0•
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) 66, 5 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		297,285.	401,114.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		891,927.	1,158,441.
	19	Revenue less expenses. Subtract line 18 from line 12		13,993.	6,081.
- 2				ginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (Part X, line 16)		336,565.	286,338.
Asse	20			139,226.	82,918.
Vet /		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		197,339.	203,420.
Pa	nrt II	Signature Block		1,557.	205,420.

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

Sign	Signature of officer		Date									
Here	ERICH MISCHE, EXECUTIV	E DIRECTOR										
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date Check PTIN									
Paid	TIMOTHY P. STOEGER, CPA TIMOTHY P. STOEGER, 10/11/18 self-employed P(
Preparer	Firm's name 🕒 BOMBERG , HANSON	& ASSOCIATES, LLC	Firm's EIN ► 20-329464	6								
Use Only	Firm's address 🖕 9800 SHELARD PAR	KWAY, SUITE 208										
	MINNEAPOLIS, MN 55441 Phone no. 763-277-0303											
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes	No								
732001 11-2	B-17 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (;	2017)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2017) SPARE KEY	41-1888767 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	SPARE KEY PROVIDES ASSISTANCE TO HOMEOWNERS WITH CRITICA	LLY ILL OR
	INJURED CHILDREN BY MAKING A MORTGAGE OR RENT PAYMENT ON	THE FAMILY'S
	BEHALF, ALLOWING THEM TO SPEND TIME WITH THEIR CHILDREN.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,059,689. including grants of \$13,113.) (Reven	nue \$ 88.)
Ĩ	MAKE A MORTGAGE OR RENT PAYMENT ON BEHALF OF FAMILIES WI	
	ILL OR INJURED CHILDREN.	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	iue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ıue\$)
4d	Other program services (Describe in Schedule O.)	
-ru	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 1,059,689.	
		Form 990 (2017)
73200	2 11-28-17	

	<u>990 (2017)</u> SPARE KEY 41-1888	<u>767</u>	Р	age 3
Pa	t 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?	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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		<u> </u>
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		<u>X</u>
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		<u> </u>
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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	<u> </u>
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?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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	000	X
		Form	990	(2017)

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		<u>x</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
и 25а		24u		<u> </u>
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		<u> </u>
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			<u> </u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
35a		358		
U	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 B. Part V, line 2	35b		1
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	000		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	1
		Form	990	(2017)

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Form	<u>990 (</u> 2017) SPARE KEY 41-1888	767	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Ua		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
		7b		
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10		
U	to file Form 8282?	7c		x
d				
		7e		x
		7e 7f		X
f	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
g	If the organization received a contribution of qualified intellectual property, did the organization life rorm 8099 as required?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		x
9	Sponsoring organization have excess business holdings at any time during the year?	0		
	Did the energiest energiestion make environments distributions under section 10000	9a		x
a b		9b		X
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
b				
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.	158		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
u				
~				
		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a 14b		<u> </u>
<u> </u>	in res, has three a rouni r20 to report these payments? If Tyo, provide an explanation in Schedule U		000	

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b line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body. b Enter the number of voting members included in line 1a, above, who are independent 1a b Enter the number of voting members included in line 1a, above, who are independent 1b c Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? c Did the organization degrad control over management duties customarily performed by or under the direct supervision of officer, directors, or trustees, or key employees to a management company or other person? c Did the organization hove members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any gournance decisions of the organization reserved to for subject to approval by members, stockholders, or persons other than the governing body? b B the organization hove members, stockholders? d Did the organization neave during the physic instant during and the structure during the year by the following: a The governing body? b Are any gournance decisions of the arganization reserved to for subject to approval by members, stockholders, or perso	a "No" r	espon	ISE
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are malerial differences in voting rights among members of the governing body. or if the governing body delegated towaid autifority to an executive committee or similar committee, explain in Schedule 0. b There the number of voting members included in line 1a, above, who are independent 1g 2 Did any officient, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, 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? 5 Did the organization have members, stockholders? 7 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? b A ve any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? c Did the organization have members, stockholders? 6 Did the organization have members, stockholders, or other JULL Section A, who cannot be reached at the organization's malling address? If 'Yea' provide the names and addresses in Schedule D 7 Did the organization have notempolicies and procedurs governing theactivities of such chapters, affliates, and branch			
1a Enter the number of voting members of the governing body at the end of the tax year 1a 1here are material differences in voting rights among members of the governing body, or if the governing body delegated trad attiturity to an excutive committee or similar committee, or key are independent 1a 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management of memory or other person? 3 Did the organization make any significant charapse to its governing documents ince the prior Form 990 was filed? 5 Did the organization have members, stockholders? 0 6 Did the organization neave members or stockholders? 0 7 Did the organization neave members or stockholders? 0 9 Did the organization neavement members or stockholders? 0 9 Did the organization neavement members or stockholders? 0 9 Did the organization neavement members or stockholders? 0 9 Did the organization neavement meason duadrissis and required by the Internal Revenue Code. 0 9 Is the organization neave members of stockholders? 0 9 Is the any officer,	<u></u>	<u></u>	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad subhority to an executive committee, explain in Schedule 0. ID is any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? ID is the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustee, or key employees to a management company or other person? ID is the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization's assets? ID is the organization have members is stockholders? ID is the organization have members is stockholders? ID is the organization nearemembers of the coverning body? ID the organization nearemorp anough document the meetings held or written actions undertaken during the year by the following: The governing body? ID the organization nearemorparanough document the meetings held or written actions undertaken during the year by the following: The governing body? ID the organization have interportanough document the meetings held or written actions undertaken during the year by the following: The governing body? ID the organization nearemorparanough document the meetings held or written active sevent purposes? ID the organization nearemo		1	Т
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Part VII Compens	ation of Officers, Directors, Trustees, Key Em	ployees, Highest Compensated								
Employees, and Independent Contractors										
Check if Sch	nedule O contains a response or note to any line in this Part	VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
A. Osmuslata di ta taleta d	the standard standard to the list of Descent second standard to									

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

___ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)				npen	15410	(D)	(E)	(F)
Name and Title	Average hours per week	(do not check box, unless p			Position neck more than one is person is both an d a director/trustee)			Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JULIE PETERSON KLEIN	1.00									
IMMEDIATE PAST PRESIDENT	1 0 0	Х		X				0.	0.	0.
(2) WENDY PAJOR	1.00									•
VICE PRESIDENT		Х		X				0.	0.	0.
(3) KEVIN HENSELER, MD BOARD MEMBER	2.00	x						0.	0.	0.
(4) STEPHEN SPEARS	1.00	Δ	-			-		U •	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(5) ANGEL ADAMS	1.00	Λ							0.	<u></u>
BOARD MEMBER	1.00	х						0.	0.	0.
(6) MATT FISCHER	1.00									
BOARD MEMBER		х						0.	0.	0.
(7) DENNIS ANDING	1.00									
BOARD MEMBER		х						0.	0.	0.
(8) AMBER ROSE BJERKE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MILTON DODD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SUSAN MCDONALD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MARIA REEVE	1.00									
SECRETARY		Х		X				0.	0.	0.
(12) MIKE HARRIS	1.00									-
BOARD MEMBER		х						0.	0.	0.
(13) CINDY KOEBELE	1.00									•
PRESIDENT	1 00	Х		X				0.	0.	0.
(14) CARL KUHL	1.00								•	0
BOARD MEMBER	1 00	X				-		0.	0.	0.
(15) SUSAN LINK	1.00	v						0.		<u>م</u>
BOARD MEMBER	1.00	Х				-		U •	0.	0.
(16) BRAD LUBENOW MEMBER AT-LARGE	L.00	x						0.	0.	n
(17) LORI SPRINGER	40.00	^	-			-		U.	0.	0.
PROGRAM DIRECTOR		x						0.	0.	0.
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Form 990 (2017) SPARE KEY									41-18	887	67	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss per nd a d	rson i	s both	n an	compensation	compensation			nount	of
	week					Interior		from	from related			other	
	(list any hours for	recto						the	organizations	~		pensa	
	related	or di	ee			ated		organization	(W-2/1099-MISC	(ز		om the	
	organizations	ustee	trust		e	bens		(W-2/1099-MISC)			•	anizati d relate	
	below	ual tr	tional		ploye	t con						nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	Inzan	5115
(18) MANOJ PUROHIT	1.00	-	<u> </u>	0	¥	Ξē	Œ						
BOARD MEMBER		x						0.		0.			0.
(19) MARY SERIE	40.00												
DIRECTOR OF DEVELOPMENT AND PARTNERS		х						0.		0.			Ο.
(20) SOPHIE LASKO	40.00									<u> </u>			••
DIRECTOR OF MARKETING AND COMMUNICAT		х						0.		0.			0.
(21) BELINDA PRICE	1.00	Λ						0.		••			0.
	1.00	x						0.		0.			0
BOARD MEMBER	1 00	Δ	<u> </u>	-				0.		<u>.</u>			0.
(22) HILLERY SHAY	1.00									<u> </u>			~
BOARD MEMBER	1 00	Х						0.		0.			0.
(23) DEAN WAHLIN	1.00												
BOARD MEMBER		Х						0.		0.			0.
(24) BROOKE LEE	1.00												
BOARD MEMBER		Х						0.		0.			0.
(25) EMILY FRANKEN	40.00												
PROGRAM & DEVELOPMENT COORDINATOR		Х						0.		0.			0.
(26) ERICH MISCHE	40.00												
EXECUTIVE DIRECTOR						x		137,783.		0.			0.
1b Sub-total	•							137,783.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								137,783.		0.			0.
2 Total number of individuals (including but n							o re			••1			
compensation from the organization		030	iiste	ual	000	<i>y</i> wii	010						1
												Yes	No
2 Did the organization list on former officer	director or tri	into			nnla		orl	highest componented or		Г		100	110
3 Did the organization list any former officer,											~		Х
line 1a? If "Yes," complete Schedule J for s											3		<u></u>
4 For any individual listed on line 1a, is the su													v
and related organizations greater than \$150										··· -	4		X
5 Did any person listed on line 1a receive or a													37
rendered to the organization? If "Yes." com	plete Schedule	e J f	or si	uch i	oers	on .		<u></u>			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	ensati	on fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		-	(C		
Name and business	address	N	DNI	3				Description of s	ervices	Co	omper	nsatior	า
							1						
2 Total number of independent contractors (ii	ncludina but n	ot lir	niter	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•				(,					
	····· F									I	orm 9	990 (2	2017)
												- (4	

orm 9							41-1888	767 Page 9
Part			nue					
		Check if Schedule O cont	ains a response o	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
²		Fundraising events						
	d	Related organizations	1d					
s, mil	е	Government grants (contribut	ions) 1e					
L Sig	f	All other contributions, gifts, gran	nts, and					
the		similar amounts not included abo	ve 1f	<u>795,172.</u>				
	g	Noncash contributions included in lines	1a-1f: \$					
ရ ပိ	h	Total. Add lines 1a-1f			795,172.			
				Business Code				
8 z	2 a							
e vi	b							
s n	С							
am eve	d							
Program Service Revenue	е							
2		All other program service reve						
	g	Total. Add lines 2a-2f						
;	3	Investment income (including						
		other similar amounts)			88.	88.		
4	4	Income from investment of tax		1				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
7	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss) Gross income from fundraisin		▶				
Other Revenue		including \$						
Sev.		contributions reported on line	-					
erF		Part IV, line 18		596,750.				
f		Less: direct expenses		227,488.				200 202
-		Net income or (loss) from fund	-	····· ►	369,262.			369,262
9	9 a	Gross income from gaming ad						
	_	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
10	υa	Gross sales of inventory, less						
	Ŀ	and allowances						
		Less: cost of goods sold		· · · · · · · · · · · · · · · · · · ·				
\vdash	C	Net income or (loss) from sale						
	4 -	Miscellaneous Revenu		Business Code				
1	1a ⊾							
	b							
	C L							
	d	All other revenue						
		Total. Add lines 11a-11d			1,164,522.	88.	0.	369,262
12	2	Total revenue. See instructions.			1,104,JZZ•	00.	υ.	Form 990 (201

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	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	413,113.	413,113.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	288,308.	242,786.	15,174.	30,348.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,787.	8,242.	515.	1,030. 1,649. 3,206.
9	Other employee benefits	15,666.		825.	1,649.
10	Payroll taxes	30,453.	25,644.	1,603.	3,206.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	23,912.	22,407.	1,015.	490.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	27,500.	20,625.		<u>6,875.</u> 235.
12	Advertising and promotion	1,020.	785.		
13	Office expenses	112,806.	97,871.	2,260.	12,675.
14	Information technology	13,692.	12,266.		1,426.
15	Royalties	40 860			
16	Occupancy	40,763.	40,763.	1 500	1 600
17	Travel	16,279.	12,958.	1,599.	1,722.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	11 776	0 0 2 0	2 701	2 055
22	Depreciation, depletion, and amortization	14,776. 4,076.	9,030. 3,877.	2,791. 66.	<u>2,955.</u> 133.
23		4,070.	5,011.	00.	133.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	OTHER EVENT EXPENSES	131,010.	128,428.		2,582.
b	MISCELLANEOUS EXPENSES	15,280.	7,702.	6,360.	1,218.
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,158,441.	1,059,689.	32,208.	66,544.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here billiowing SOP 98-2 (ASC 958-720)				

Form 990 (2017)

SPARE KEY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

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Form 990 (2017)

SPARE KEY Part X Balance Sheet

		Check if Schedule O contains a response or n			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			296,356.	1	193,370.
	2	Savings and temporary cash investments			•	2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and				_	
		trustees, key employees, and highest compen					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqua					
		section 4958(f)(1)), persons described in section	-	· ·			
		employers and sponsoring organizations of se					
ø		employees' beneficiary organizations (see insti		· · · ·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				23,820.	9	18,679.
		Land buildings and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	95,455.			
	b	basis. Complete Part VI of Schedule D	10b	24,293.	13,262.	10c	71,162.
	11	Investments - publicly traded securities				11	-
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11	3,127.	15	3,127.		
-	16	Total assets. Add lines 1 through 15 (must ed			336,565.	16	286,338.
-	17	Accounts payable and accrued expenses	14,988.	17	10,648.		
-	18	Grants payable				18	
-	19	Deferred revenue			124,238.	19	72,270.
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete				21	
v 2	22	Loans and other payables to current and form	er officers, d	irectors, trustees,			
Liabilities		key employees, highest compensated employe	ees, and disc	qualified persons.			
abi		Complete Part II of Schedule L				22	
_⊐ ₂	23	Secured mortgages and notes payable to unre	lated third p	arties		23	
2	24	Unsecured notes and loans payable to unrelat	ed third part	ies		24	
2	25	Other liabilities (including federal income tax, p	ayables to r	elated third			
		parties, and other liabilities not included on line	es 17-24). Co	omplete Part X of			
		Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			139,226.	26	82,918.
		Organizations that follow SFAS 117 (ASC 95		ere ▶ <u>X</u> and			
es		complete lines 27 through 29, and lines 33 a			100 000		000 100
	27	Unrestricted net assets			197,339.	27	203,420.
m l	28	Temporarily restricted net assets		······		28	
p 2	29			······		29	
n L		Organizations that do not follow SFAS 117 (ASC 958), c	heck here			
ъ.		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current fund		·····		30	
Ass	31	Paid-in or capital surplus, or land, building, or		Г		31	
let	32	Retained earnings, endowment, accumulated			107 220	32	
	33	Total net assets or fund balances			<u>197,339.</u>	33	203,420.
3	34	Total liabilities and net assets/fund balances			336,565.	34	286,338.

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

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Form 990 (2017)

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Form	990 (2017) SPARE KEY	41-18	88767	Pag	_{ge} 12
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	1,164		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,158		
3	Revenue less expenses. Subtract line 2 from line 1	3			81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	197	,3:	<u>39.</u>
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	203	,42	20.
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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			_ (

Form **990** (2017)

SCH	IEDL	JLE A
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Department of the Treasury

(Form	990	or	990-EZ)
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Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2017
Open to Public Inspection

Internal	nevei		Go to www.irs.gov	/Form990 for instruction	ons and th	e latest in	formation.		Inspection	
Name	of t	the organization รุธุงจุ	E KEY						identification number $1 - 1888767$	
Par	t I	Reason for Public (All organizations must co	molete th	s part.) Se	e instructions		1 1000707	
		i ization is not a private found								
1		A church, convention of ch					VAVi)			
2	=	A school described in sect					~~,~,·,·			
3	=	A hospital or a cooperative					i)			
4	=	A medical research organiz)(iii) Enter	the hospital's name	
- L		city, and state:			400011004				the neopital e hame,	
5 [An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a do	vernmentalu	nit describe	ed in	
•		section 170(b)(1)(A)(iv). (C			or operat					
6		A federal, state, or local gov		ental unit described in	section 17	0(b)(1)(A)	(v).			
7	X	An organization that norma	-					ne general r	oublic described in	
• •		section 170(b)(1)(A)(vi). (C		indi part of ito capport if	onna gora	, in the second second		io gonorai r		
8		A community trust describe		1)(A)(vi). (Complete Parl	EIL)					
9	=	An agricultural research org				ed in coniu	nction with a	land-grant	college	
		or university or a non-land-g	-			-		-	-	
		university:	, and conlege of agrice					and demogra		
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its supr	port from c	ontributio	ns. membersl	nip fees, an	d aross receipts from	
		activities related to its exem	•					-	•	
		income and unrelated busir								
		See section 509(a)(2). (Con		, , , , , , , , , , , , , , , , , , ,		•	, ,		,	
11 [An organization organized a		vely to test for public sat	ety. See	section 50	9(a)(4).			
12 [An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type of	supporting organizatior	and com	olete lines	12e, 12f, and	l 12g.		
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), t	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting	
		organization. You must o	complete Part IV, Se	ctions A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving	
		control or management o			ame perso	ns that cor	ntrol or manag	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte						ly integrate	ed with,	
		its supported organization		-						
d				A supporting organization operated in connection with its supported organization(s)						
		that is not functionally int			•			an attentiv	/eness	
		requirement (see instructi		•						
е		Check this box if the orga					туре і, туре	II, Type III		
	Ento	functionally integrated, or er the number of supported of		, , , , , , , , , , , , , , , , , , , ,						
		vide the following information	•	d organization(s)						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Total									1	

Schedule A (Form 990 or 990-EZ) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 13

Schedule A (Form 990 or 990-EZ) 2017 SPARE KEY

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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.)

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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		-			-			▶∐
Sakadula A (Form 000 av 000 E7) 0017	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 SPARE KEY 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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 disgualified 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						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)	L					
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	anization,
	check this box and stop here	<u></u>					
	ction C. Computation of Publi						
15	Public support percentage for 2017 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2016					16	%
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from 2		B			18	%
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar	•					
h	33 1/3% support tests - 2016. If the	-			•••••		%. and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 10-06-17						990 or 990-EZ) 2017

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

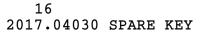
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		110		
L	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		<u> </u>
Sec				
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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? 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		
732025	5 10-06-17 Schedule A (Form 99	90 or 99	0-EZ)	2017

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17 2017.04030 SPARE KEY

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 SPARE KEY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (For	m 990 or 990-EZ) 2017	SPARE	KEY
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Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T	1	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 SPARE KEY

Section D, lines 5, 6, and 8; and Part ((See instructions.)	•	 	-	

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number

41	-1	8	8	8 '	76	7
		0	v	υ.	/ /	, ,

	SPARE KEY			41-1888767
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		·
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
-	Aggregate value of contributions to (during year)			
2				
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	y
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	g
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e		torically ir	nportant land area
	Protection of natural habitat	Preservation of a cert	•	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a cons	ervation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
•	T I I I I I		. E	
a L	- · · · · · · · · · · · · · · · · · · ·		······ ⊢	2a
b			····· –	2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiza	tion during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion ease	ments during the year
	► \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(i)	
Ū				Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9				
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organ	lization's accounting for
Dai	t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	hor Sin	nilar Assats
Fai				illiai Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			-
	historical treasures, or other similar assets held for public exh	libition, education, or research in furthera	nce of pu	blic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and bala	nce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pul	blic servic	e, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				► \$
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under SFAS 1		J, Pr	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2017
13205	10-09-17			

26		
2017.04030	SPARE	KEY

Sche	dule D (Form 990) 2017 SPARE K							41-18			
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	torical Tre	easures, o	r Other	r Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, chec	k any of the f	following that	t are a sig	gnificant u	use of its c	ollection	items	5
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how t	hey further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, h	istorical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma		2						Yes		No
Par	t IV Escrow and Custodial Arran		ete if th	e organizatio	n answered '	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi								_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
t	Ending balance								7		٦
	Did the organization include an amount on Fe						ity?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
1 41		(a) Current year			(c) Two year			years back	(a) Four	, voor	book
10	Beginning of year balance	(a) Current year	(0)	Prior year		IS DALK		years Dack	(e) Four	years	Dauk
1a b											
С	Contributions										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1	a, column (a)) held as:						
a	Board designated or quasi-endowment		%	3, (-)	,,						
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		tion tha	at are held ar	nd administer	red for th	e organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	/								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>	vment	funds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990	, Part l'	V, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of			t or other		ccumulate		(d) Boo	k valu	ie
		basis (investm	nent)	basis	(other)	de	preciation				
1a	Land										
b	Buildings										
	Leasehold improvements			-			04.0				<u> </u>
d	Equipment			9	5,455.		24,2	93.	7	1,1	62.
_	Other										<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	X <u>, colu</u>	mn (B), line 1	0c.)						62.
								Schedule	D (Forn	n 990) 2017

732052 10-09-17

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 SPARE KEY			41-	1888767 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,392,010.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d			227,488.		
е	Add lines 2a through 2d			2e	227,488.
3	Subtract line 2e from line 1			3	1,164,522.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12		5	1,164,522.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li				1 205 020
1	Total expenses and losses per audited financial statements			1	1,385,929.
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	2b		-	
С	Other losses			-	
d	Other (Describe in Part XIII.)	2d	227,488.		
е	Add lines 2a through 2d			2e	227,488.
3	Subtract line 2e from line 1			3	1,158,441.
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 1			5	1,158,441.
Pa	rt XIII Supplemental Information.	,			
Provi	ide the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1a and	4. Part IV lines 1h	and 2h. Part V line A	· Part)	X line 2: Part XI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT !	EXPENSES	DEDUCTED	FROM	SPECIAL	EVENTS	REVENUE	
----------	----------	----------	------	---------	--------	---------	--

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES DEDUCTED FROM SPECIAL EVENTS REVENUE

\$227,488

\$227,488

732054 10-09-17

10311011 135857 75764.00

SCHEDULE G	Sunnleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi		OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on						2017
Department of the Treasury	C	organization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service		Go to www.irs.gov/Form990						Inspection
Name of the organization	CDADE V	FV					Employer id $41 - 1888$	entification number
Part I Fundraisin			ered "Y	es" or	Form 990 Part IV I			
				00 01				
a Mail solicitation b Internet and er	ns mail solicitations	e X Solicita	tion of tion of	non-g gover	overnment grants nment grants			
· ·								
key employees listed b If "Yes," list the 10 h	l in Form 990, Pa ighest paid indiv	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessi	onal fi	undraising services?		X Ye	
(Form 990 or 990-EZ) Supple repartment of the Treasury ternal Revenue Service lame of the organization SPARE Part I Fundraising Activit required to complete this 1 Indicate whether the organization a Mail solicitations b Internet and email solicitat c Phone solicitations d In-person solicitations 2 a Did the organization have a writt key employees listed in Form 99 b If "Yes," list the 10 highest paid compensated at least \$5,000 by (i) Name and address of individual or entity (fundraiser) DD ENTERPRISES, LLC - 2065 EFFERSON AVE., ST. PAUL, MN		(ii) Activity	fùndr have c	ustody trol of	(iv) Gross receipts to from activity		Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		GRANT WRITING	Yes	No X	100,500.		28,990	. 71,510.
	·							
Total					100,500.		28,990	. 71,510.
3 List all states in which	n the organizatio	n is registered or licensed to solicit o	contrib	utions		it is e	xempt from r	egistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2017

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 Schedule G (Form 990 or 990-EZ) 2017
 SPARE
 KEY
 41-1888767
 Part II

 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro			÷ :	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			THE GROOVE			col. (c)
~			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	596,750.			596,750.
Ř						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	596,750.			596,750.
			,			· · · · ·
	4	Cash prizes				
	5	Noncash prizes				
Se						
Direct Expenses	6	Rent/facility costs				
xpe	v					
Ц Ц	7	Food and beverages				
irec	'	Food and beverages				
Δ	-	Fatadaiamant				
	8	Entertainment	227,488.			227,488.
	9	Other direct expenses		· · · ·		227,488.
	10	5			•	369,262.
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization	ine 3, column (d)	000 Part IV line 10 or		509,202.
10		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, IIIe 19, 011	eponed more man	
		\$13,000 011 F0111 990-EZ, line da.	Γ	(b) Pull tabs/instant		(d) Total camina (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progrocolvo biligo		
Rev						
	1	Gross revenue				
	_					
es	2	Cash prizes				
Expenses	-					
ğ	3	Noncash prizes				
ctE						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
		ter the state(s) in which the organization condu				
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	vear?	Yes No
b	lf "	Yes," explain:				

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Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 SPARE KEY	41-1	888767	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility		13a	%
b	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	ount		
	of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III lin	es 0 0h 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III	63 9, 90, 10	b, 15b,
7320	83 09-13-17 Schedule	G (Form	990 or 990	-EZ) 2017

Sch	hedule G (Form 990 or 990-EZ)

732084 04-01-17

33 2017.04030 SPARE KEY

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States										
(-,		lete if the organizatio					2017		
Department	of the Treasury			Attach to For		····, ···· _ · ·· ·		Open to Public		
Internal Reve	enue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inform	nation.		Inspection		
Name of	the organization	E KEY						Employer identification number 41-1888767		
Part I	General Information on	Grants and Assistance								
crit	es the organization maintain teria used to award the grant	ts or assistance?								
2 De: Part II	scribe in Part IV the organiza									
Tarth		tance to Domestic Organi ore than \$5,000. Part II can				anization answered "Y	es" on Form 990, Par	tiv, line 21, for any		
1 (a)	Name and address of organ or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
3 Ent	ter total number of section 5 ter total number of other org	anizations listed in the line	1 table					Sobodulo I (Form 000) (2017)		

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

Schedule I (Form 990) (2017)

SPARE KEY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MORTGAGE PAYMENTS	321	413,113.	0.		
RENT PAYMENTS	0	0.	0.		

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

PART I, LINE 2:

THE ORGANIZATION MAKES MORTGAGE OR RENT PAYMENTS FOR RECIPIENTS DIRECTLY TO

THE FINANCIAL INSTITUTION HOLDING THE RECIPIENT'S MORTGAGE OR DIRECTLY TO

THE RECIPIENT'S LANDLORD.

41-1888767

SCHEDULE O

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection Employer identification number 41-1888767

/

OMB No. 1545-0047

SPARE KEY

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

MAKING A MORTGAGE OR RENT PAYMENT ON THE FAMILY'S BEHALF, ALLOWING THEM

TO SPEND TIME WITH THEIR CHILD.

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

FORM 990 WAS PROVIDED TO THE EXECUTIVE DIRECTOR AND BOARD MEMBERS FOR

REVIEW PRIOR TO FILING.

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

FORMAL REVIEW PROCESS WAS PERFORMED ON THE EXECUTIVE DIRECTOR

COMPENSATION BY AN INDEPENDENT PARTY.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	RM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
20	DELL COMPUTER	04/01/03	SL	3.00		16	583.				583.	583.		0.	583.
21	DELL LDC PROJECTOR	12/01/04	SL	3.00		16	1,447.				1,447.	1,447.		0.	1,447.
22	DELL LAPTOP - INSPIRON	12/01/04	SL	3.00		16	1,409.				1,409.	1,409.		0.	1,409.
23	DELL DIMENSION 3100 W/ MONITOR	04/01/06	SL	3.00		16	582.				582.	582.		0.	582.
33	FILE CABINET	09/17/10	SL	7.00		16	40.				40.	37.		3.	40.
34	LAPTOP	12/01/14	SL	5.00		16	580.				580.	242.		116.	358.
35	VIDEO CAMERA	11/18/15	SL	5.00		16	1,304.				1,304.	283.		261.	544.
36	APPLE COMPUTER - SOPHIE	12/04/15	SL	5.00		16	5,191.				5,191.	1,125.		1,038.	2,163.
37	EVENT SIGNAGE	12/22/15	SL	5.00		16	10,000.				10,000.	2,166.		2,000.	4,166.
38	LEXUS 14 LX570 (60K MILES)	04/05/17	SL	5.00		16	58,700.				58,700.			8,805.	8,805.
39	NOLOGY HP DESKTOPS (4)	04/19/17	SL	3.00		16	2,433.				2,433.			608.	608.
40	DELL OPTIPLEX - TR SALES	05/15/17	SL	3.00		16	2,686.				2,686.			671.	671.
41	ASI SIGNAGE - GALA	02/28/17	SL	3.00		16	10,500.				10,500.			2,917.	2,917.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						95,455.				95,455.	7,874.		16,419.	24,293.
	* GRAND TOTAL 990 PAGE 10 DEPR						95,455.				95,455.	7,874.		16,419.	24,293.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						21,136.			0.	21,136.	7,874.			11,292.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	M 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						74,319.			0.	74,319.	0.			13,001.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						95,455.			0.	95,455.	7,874.			24,293.
	ENDING ACCUM DEPR											24,293.			
	ENDING BOOK VALUE											71,162.			

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone