Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019

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	
2040	
ZU 10	
Open to Public	오.
Inspection	

ΑF	or the	2018 calendar year, or tax year beginning and	ending					
B C	heck if pplicable:	C Name of organization		D Employer identific	ation number			
	Address change	SPARE KEY						
l	_jchange	Doing business as		41-18	388767			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
	Final return/	101 EAST 5TH STREET	952-406-8872					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,467,453.			
	Amende	SI. FROD, HIN SSIUL		H(a) Is this a group re				
	Applica	F Name and address of principal officer: O DITE FEIERSON RDE.	IN	for subordinates	? Yes 🔀 No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates in				
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	lf "No," attach a	list. (see instructions)			
		e: VWW.SPAREKEY.ORG		H(c) Group exemption				
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1997 N	State of legal domicile; MN			
Pa		Summary						
ø	1 8	Briefly describe the organization's mission or most significant activities: SPAR						
Activities & Governance	1	HOMEOWNERS WITH CRITICALLY ILL OR SERIOUS			the second se			
na	2 (Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass				
ove	3 1				21			
ന് പ	4	Number of independent voting members of the governing body (Part VI, line 1b)			21			
ŝ	5	Fotal number of individuals employed in calendar year 2018 (Part V, line 2a) \ldots			8			
viti	6 1	Fotal number of volunteers (estimate if necessary)			1000			
Acti	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	bl	Net unrelated business taxable income from Form 990-T, line 38			0.			
				Prior Year	Current Year			
0	8 (Contributions and grants (Part VIII, line 1h)		795,172.	884,378.			
nue	9 1	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	88.	155.				
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		369,262.	334,993.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,164,522.	1,219,526.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		413,113.	264,147.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		344,214.	291,629.			
sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)	····	0.	0.			
Expenses	- b'	Total fundraising expenses (Part IX, column (D), line 25) 🕨62,6						
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		401,114.	396,860.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,158,441.	952,636.			
		Revenue less expenses. Subtract line 18 from line 12		6,081.	266,890.			
S OF			B	eginning of Current Year	End of Year			
sset	g 20	Total assets (Part X, line 16)		286,338.	582,887.			
at As		Total liabilities (Part X, line 26)		82,918.	112,577.			
ž.		Net assets or fund balances. Subtract line 21 from line 20		203,420.	470,310.			
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedule		•	/ knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is hased on all information of w	hich prepare	r has any knowledge.	11a			
		Signature of officer		Date//	7///			
Sig				Date	1 '			
He	re	ERICH MISCHE, EXECUTIVE DIRECTOR	- A-1		<u> </u>			
				Date Check	PTIN			
D -1		Print/Type preparer's name Preparer's signature		Lie L				
Pai		TIMOTHY P. STOEGER, CPA TIMOTHY P. STOE		10/28/19 self-employ				
	parer	Firm's name BOMBERG, HANSON & ASSOCIATES, L		Firm's EIN 🕨	20-3294646			
USE	e Only	Firm's address 9800 SHELARD PARKWAY, SUITE 208		Dia 7.6	3-277 0202			
		MINNEAPOLIS, MN 55441		Phone no, 7 b	3-277-0303			
		RS discuss this return with the preparer shown above? (see instructions)						
832	001 12-31	I-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ions.		Form 990 (2018)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2018) SPARE KEY	41-1888767 Page 2
Pa	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	
	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	rs, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	
	MAKE A MORTGAGE OR RENT PAYMENT ON BEHALF OF FAMILIES WI	TH CRITICALLY
	ILL OR INJURED CHILDREN.	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
_		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 861,945.	· · ·
		Form 990 (2018)
832002	2 12-31-18	. ,

Is the organization described in section 5016(20) or 48476(1) (other than a private foundation? Ves. No. If the organization required to comption. Schedule B, Schedule of Combutors? 1 X 3 Diff the organization required to comption. Schedule B, Schedule C, Part II 3 X 4 Section 501(c)(8) organizations. Did the organization engage in didexts or have a section 501(h) election in effect during the tax year/ II 'reg.' complete Schedule C, Part II 3 X 4 Section 501(c)(8) organization. Both the organization and the organization that receives membership dues, assessments, or similar amounts as defined in Remark P mounts in such funds or accounts for vinit do more share the right to provide advice on the distribution or investment of amounts in accounts for vinit do more share the right to provide advice on the distribution or investment of amounts in assents to provide or editor active advice on generation. 7 X 8 Did the organization mature amount in Part X, lite 21, for escrew or outsideal account liability, serve as a cutodial for anounds in a mount in Part X, lite 21, for escrew or outsideal account liability. Serve as a cutodial for amounts not listed in Part X, ine Part IV 9 X 10 Did the organization requert a mount for investments - others executes in Part X, lite 107 Jr 'reg,' complete Schedule D, Part IV 9 X 10 Did the organization requert amount for investments - others executes in Part X, lite 107 Jr 'reg,' complete Schedu	Par	t IV Checklist of Required Schedules			
H [*] Yes, [*] complete Schedule A 1 X 2 Is the organization required to complete Schedule B, Schedule on Dehalt of or in opposition to candidate for public of Carlos (Hold, Strengthet Schedule C, Part I 3 X 4 Section 501(c)(d) organization engage in index or any similar function or angular and the section 501(h) decision in effect or angular distribution. Did the organization index or any similar function as ection 501(h) decision in effect or angular distribution. Schedule C, Part I 4 X 5 D dth to organization maxima and undor or any similar function or and constraint on the registribution or investment of amounts in such funds or angunitation reserve open space. The environment, historic land areas, cri historic structures (P Yres, "complete Schedule D, Part I 6 X 7 D dth to organization reserve of inclusion animuma including cassemits to reserve open space. The environment, historic land areas, cri historic structures (P Yres, "complete Schedule D, Part II 8 X 9 Did tho organization reserve of through a reserve open space. The environment, historic line of areas, or historic structures, roomage eschedule D, Part II 8 X 9 Did tho organization reserve open space. The second space schedule D, Part V 8 X 10 Did tho organization reserve open space. The second space schedule D, Part V 10 X 10 Did tho organiza				Yes	No
2 Is the organization required to complete <i>Schedule 0, Centrolutory</i> 2 X 3 Debt the organization regage in direct in index obligation analysing activities on behall of or inceposition to candidates for public office? If 'Yes, 'complete Schedule C, Pert I 3 X 4 Section 501(c)(3) organization. Both the organization image in lobbing activities, or have a section 501(b) election in effect of index obligation organization matereables membership dues, assessments, or is minar amounts as addine in Revenue Procedure B17' If 'Yes, 'complete Schedule C, Part II 4 X 5 Debt the organization mattain any doner advised funds or any similar funds or accounts If 'Yes, 'complete Schedule D, Part II 6 X 7 Debt the organization mattain collections of works of at, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part II 7 X 8 Debt the organization mattain collections of works of at, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part II 8 X 9 Debt the organization mattain collections of works of at, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part II 10 X 10 Debt arganization, server to any of the following questions is 'Yes, 'then complete Schedule D, Part VII. 11 11 X 11 If the organization report	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization engine index or index positional campaign activities on behalf of or in opposition to candidate for public efficient <i>II</i> (%). Complete Schedule <i>C</i> , <i>Part II</i> . 3 X 4 Section 60((6)) organization. Diff this organization engage in lobbying activities, or have a section 50((f)) election in effect of index position. Diff this organization has the schedule <i>C</i> , <i>Part II</i> . 4 X 5 Is the organization assettion 50((f)) (f) (f) (f) (f) (f) (f) (f) (f) (f		If "Yes," complete Schedule A	1		
public officiting // Yes,** complete Schedule C, Part // 3 X 4 Section 501(h) election in officit 4 X 5 Is the organization a section 501(c)(k),	2		2	Х	
4 Section 501(c)(3) or gamizations, Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year/ if "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(h), 501(c)(h),	3	,			
4 Section 501(c)(3) organizations. Did the organization engage in liablying activities, or have a section 501(h) election in effect during the tax year? (1*1%; complete Schedule C, Part II 4 X 5 Is the organization activities of the enganization that receives membership dues, assessments, or similar amounts as defined in thereaute Procedure B9197 (1*1%); complete Schedule C, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar transfor account's for which donors have the right to provide advice on the distribution or investment of amounts in such funds or account's (1*1%); complete Schedule D, Part II 6 X 7 Did the organization maintain any donor advised funds or any similar transform sequence, the environment, historic land areas, or historic structures? (1*1%); complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, ill program activity is the account liability, serve as a cutoclain for amounts not listed in Part X, or provide credit conselling, det management, credit repair, or deth regolitation services? If '1*2%, complete Schedule D, Part IV 8 X 10 Did the organization report an amount for hand, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, ill the 12% (*1%); complete Schedule D, Part V 11 X 10 Did the organization report an amount for hand; buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, ill that is 5% or more of its total assets reported in Part X, ill that is 5% or more of its total assets reported in Part X, ill that is 5% or more of its total assets		public office? If "Yes," complete Schedule C, Part I	3		Х
6 Is the organization a section 501(c)(4), 0910(c)(5), or 301(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 80197 (#*Yes,* complete Schedule C, Part I) 5 X 6 Did the organization market may doorn advised funds or any similar bands or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (#*Yes,* complete Schedule D, Part I) 6 X 7 X Bid the organization market any doorn advised of art, historical treasures, or other similar asset? (#*Yes,* complete Schedule D, Part II) 7 X 9 Did the organization, algorithm of and any setting agent in the margement, credit repar, or debt negotiation services? 7 X 10 LX If the organization any of the following questions is "Yes," the morganization report an amount for investments - other securities in Part X, line 12(#Yes,* complete Schedule D, Part V 10 X 10 LX If the organization negot an amount for investments - other securities in Part X, line 12(#Yes,* complete Schedule D, Part X 10 X 10 Did the organization negot an amount for investments - other securities in Part X, line 12(#Yes,* complete S	4				
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7 Did the organization receive or hold a conservation assement, including assements to preserve open space. the environment, historic land areas, or historics structures? // r ^x es, [*] complete Schedule D, Part II X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 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 report an amount for linvestments - other securities in Part X, line 107 II' 'Yes, 'complete Schedule D, Part V 11a X 10 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 167 I' 'Yes, 'complete Schedule D, Part X 11e X 11 Did the organization report an amount for other liabilities in Part X, line 25 I' with a signarization services? 11a X 11 Did the organization seporate or consolidated financia	6				
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# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? # "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part VI 11a X 12 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? # "Yes," complete Schedule D, Part VI 11a X 13 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? # "Yes," complete Schedule D, Part VI 11c X 14 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? # "Yes," complete Schedule D, Part XIII 11c X 11 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. 11d X 11 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X. 11d X 11 Did the organization report an amount for other labilities in Part X, line 25? # "Yes," complete Schedule D, Part X 11d X 12 Did the organization	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule B</i> 20a X					
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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	15		45		x
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	20-2				
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					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II			200		
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Form 990 (2018) SPARE KEY

Form	990 (2018) SPARE KEY	41-1888767	' Р	age 4
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			<u> </u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." comple			
				x
~ ~	Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comp			37
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			┣──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to de			
	any tax-exempt bonds?	<u>24c</u>		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year	r, and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," con	nplete		
	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		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? //	^r "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 mer	nber		
	of any of these persons? If "Yes," complete Schedule L, Part III			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			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was			<u> </u>
U				x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation of the time of			x
	contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I			X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II			X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,	and		
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	entity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related or	ganization?		
	If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			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		Х	
Par				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga			
Ŭ	(gambling) winnings to prize winners?	10	x	

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Form 990 (2018)

SPARE KEY

Form	990 (2018) SPARE KEY 41-1888	767	P	_{age} 5								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 8		х									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)											
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X								
b	If "Yes," enter the name of the foreign country:											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).	_		v								
	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								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v								
	to file Form 8282?	7c		X								
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		v								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X								
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h										
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0										
0	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.	00										
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b										
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	อม										
	Initiation fees and capital contributions included on Part VIII, line 12 10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:											
	Gross income from members or shareholders											
	Gross income from other sources (Do not net amounts due or paid to other sources against											
D	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120										
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										
	Note. See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
-	organization is licensed to issue qualified health plans 13b											
с	Enter the amount of reserves on hand											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		x								
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x								
	If "Yes," complete Form 4720, Schedule O.											

Form **990** (2018)

832005 12-31-18

Form	990 (2018) SPARE KEY			-1888		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	rough	7b below, a	and for a "	No" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	structions.				
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		21			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervisio	n			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhol	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•				
а	The governing body?				8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)				
40					- 10	Yes	No V
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•			401		
110			a filina tha		10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Delor	e ning the	IOTTI ?	11a	<u> </u>	
					12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$				120	- 21	
U	in Schedule O how this was done	, -			12c		x
13	Did the organization have a written whistleblower policy?				13	х	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient wi	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed MN, WI, SD, ND						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990-	(Section	501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	in Scł	edule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest po	olicy, and	financ	al	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records	▶			
	ERICH MISCHE - 952-406-8872						
	101 EAST 5TH STREET, SUITE 1100, ST. PAUL, MN 5510	1				000	
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Form 990 (2018)	SPARE KEY		Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Empl	oyees, Highest Compensated	
Employe	es, and Independent Contractors		
Check if Sc	chedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensa	ted Employees	
A - O I - t - the to table to	for all a second second to the list of Department of the for the	a sector allowed and the sector of the sector data for all the sector and the sector of the sector at the sector sector at	

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)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(do not check more box, unless person i			Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional 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) DEAN WAHLIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) HILLERY SHAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) BELINDA PRICE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) MARY SERIE	40.00								•	
DIRECTOR OF DEVELOPMENT AN	1 00	X						0.	0.	0.
(5) MANOJ PUROHIT	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) BRAD LUBENOW	1.00	x						0.	0.	0
MEMBER AT-LARGE (7) SUSAN LINK	1.00	<u> </u>						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(8) CARL KUHL	1.00	^				-		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(9) CINDY KOEBELE	1.00	~						0.	0.	0.
PRESIDENT	1.00	x		x				0.	0.	0.
(10) MIKE HARRIS	1.00							0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(11) MARIA REEVE	1.00							``		.
SECRETARY	1.00	x		x				0.	0.	0.
(12) SUSAN MCDONALD	1.00									
BOARD MEMBER		x						0.	0.	0.
(13) LONG DOAN	1.00									
BOARD MEMBER		x						0.	0.	0.
(14) JENNIFER MCGLONE	1.00									
BOARD MEMBER		x						0.	0.	0.
(15) DENNIS ANDING	1.00									
BOARD MEMBER		х						0.	0.	0.
(16) MATT FISCHER	1.00									
BOARD MEMBER		х						0.	0.	0.
(17) ANGEL ADAMS	1.00									
BOARD MEMBER		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	rson i	than o s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	fr org an	pensa om the anizat d relate anizatio	e ion ed
(18) STEPHEN SPEARS TREASURER	1.00	x		x				0.		ο.			0.
(19) DEREK LUNDSTEN	1.00												
BOARD MEMBER (20) WENDY PAJOR	1.00	X						0.		0.			0.
VICE PRESIDENT (21) JULIE PETERSON KLEIN	1.00	Х		X				0.		0.			0.
IMMEDIATE PAST PRESIDENT		x		x				0.		0.			0.
(22) BROOKE LEE BOARD MEMBER	1.00	x						0.		0.			Ο.
(23) EMILY FRANKSEN PROGRAM & DEVELOPMENT COOR	40.00	x						0.		ο.			0.
(24) 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 d Total (add lines 1b and 1c)		· · · · · · · ·						0.		0. 0.			0.
2 Total number of individuals (including but compensation from the organization							o re	eceived more than \$100,	000 of reportable				1
										ſ		Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for											3		х
4 For any individual listed on line 1a, is the and related organizations greater than \$1											4		х
5 Did any person listed on line 1a receive o	r accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? <i>If</i> "Yes." co Section B. Independent Contractors	mplete Schedul	e J f	or sı	ıch j	pers	on .					5		X
1 Complete this table for your five highest of the organization. Report compensation for										ensat	ion fro	om	
(A) Name and busine	-		ONE					(B) Description of s		C	((ompe	;) nsatio	n
	la de la la la la	-4 "											
2 Total number of independent contractors \$100,000 of compensation from the orga		ot lir	niteo	d to	thos ())	ted	above) who received mo	ore than				
											Form	990 (ž	2018)

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Pa	rt V	/)	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
ي ق			Fundraising events						
ifts.			Related organizations						
nila,			Government grants (contribut						
Sir			All other contributions, gifts, gran						
her		•	similar amounts not included abo		884,378.				
ot		a	Noncash contributions included in lines						
		-	Total. Add lines 1a-1f			884,378.			
<u> </u>					Business Code				
	2	а							
Program Service Revenue	-	b							
Ser		č							
žer 1		d							
gra Re		e							
Pro			All other program service reve						
			Total. Add lines 2a-2f						
	3	9	Investment income (including						
	Ŭ		other similar amounts)			155.	155.		
	4		Income from investment of ta						
	5		Royalties	=					
	Ŭ			(i) Real	(ii) Personal				
	6	а	Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			N I I I I I I I I I I						
			Gross amount from sales of	(i) Securities					
	'	u	assets other than inventory						
		h	Less: cost or other basis						
		5	and sales expenses						
		~	Gain or (loss)						
			Net gain or (loss)						
e			Gross income from fundraisin	g events (not					
Other Revenue			including \$						
Bev			contributions reported on line		F00 000				
er		_	Part IV, line 18		a 202, 920				
f			Less: direct expenses			224 002			224 002
-			Net income or (loss) from fund		····· •	334,993.			334,993.
	9	а	Gross income from gaming ad						
			Part IV, line 19						
			Less: direct expenses		b				
			Net income or (loss) from gam		····				
	10	а	Gross sales of inventory, less						
		_	and allowances						
			Less: cost of goods sold		b				
ŀ		С	Net income or (loss) from sale						
ŀ			Miscellaneous Revenu		Business Code				
	11								+
		b							+
		C							+
			All other revenue						
		e	Total. Add lines 11a-11d			1,219,526.	155.	0	334,993.
	12	_	Total revenue. See instructions		▶	1,419,340.	T00.	0.	
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	Check if Schedule O contains a respon			(C)	
	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	264,147.	264,147.		
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	240,399.	202,441.	12,653.	25,305.
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)	8,823.	7,430. 15,172.	464.	929.
9	Other employee benefits	18,017.	15,172.	948.	929. 1,897. 2,567.
10	Payroll taxes	24,390.	20,539.	1,284.	2,567.
11	Fees for services (non-employees):				
	Management				
	Legal	00 140	20. 244	(50	
	Accounting	29,142.	28,244.	659.	239.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	30,000.	22,500.		7 500
40	column (A) amount, list line 11g expenses on Sch 0.)	7,936.	6,123.		7,500. 1,813.
12 13	Advertising and promotion	73,264.	57,506.	2,767.	12,991.
13 14	Office expenses Information technology	11,524.	10,824.	2,707.	700.
15	Royalties	11,5210	10,0210		7000
16	Occupancy	41,617.	41,617.		
17	Travel	25,724.	19,550.	2,148.	4,026.
18	Payments of travel or entertainment expenses	2077211			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,855.	2,855.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,325.	11,199.	3,461.	3,665.
23	Insurance	3,670.	3,490.	60.	120.
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	139,422.	139,282.	70.	70.
b	MISCELLANEOUS EXPENSES	13,381.	9,026.	3,530.	825.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	952,636.	861,945.	28,044.	62,647.
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 Figure if following SOP 98-2 (ASC 958-720)				000

Form 990 (2018)

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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		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			193,370.	1	513,394.
	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 for	ormer office	ers, directors,			
		trustees, key employees, and highest compensation	ated employ	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied person	is (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Š	8	Inventories for sale or use				8	
	9				18,679.	9	15,565.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	95,455.			
	b	Less: accumulated depreciation	10b	44,654.	71,162.	10c	50,801.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	1			12	
	13	Investments - program-related. See Part IV, line	11			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 equ			286,338.	16	582,887.
	17	Accounts payable and accrued expenses			10,648.	17	19,827.
	18	Grants payable				18	
	19	Deferred revenue			72,270.	19	92,750.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
ŝ	22	Loans and other payables to current and former	officers, d	irectors, trustees,			
litie		key employees, highest compensated employee	es, and disc	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third p	arties		23	
	24	Unsecured notes and loans payable to unrelated	d third part	ies		24	
	25	Other liabilities (including federal income tax, pa	yables to r	elated third			
		parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X of			
		Schedule D		····· -		25	446 555
	26				82,918.	26	112,577.
		Organizations that follow SFAS 117 (ASC 958), check h	ere 🕨 🚺 and			
es		complete lines 27 through 29, and lines 33 an			000 400		480.040
ũ	27	Unrestricted net assets			203,420.	27	470,310.
3al	28	Temporarily restricted net assets		······ -		28	
p	29					29	
Ъ		Organizations that do not follow SFAS 117 (A	SC 958), c	heck here			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			000 400	32	100 010
Z	33	Total net assets or fund balances			203,420.	33	470,310.
	34	Total liabilities and net assets/fund balances			286,338.	34	582,887.

Form 990 (2018)

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Form 990 (2018)
Part X Balance Sheet

SPARE KEY

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,219		
2	Total expenses (must equal Part IX, column (A), line 25)	2	952		
3	Revenue less expenses. Subtract line 2 from line 1	3	266		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	203	, 42	<u>20.</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	470	, 31	LO.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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			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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
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?		. 3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<u> </u> ,, 000	

Form **990** (2018)

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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
2018
Open to Public Inspection

Interna	al Rever	hue Service	Go to www.irs.gov	r/Form990 for instruction	ons and th	e latest ir	nformation.		Ins	pection
Nam	e of t	the organization								ition numbe
D -			E KEY						1-188	8767
Pa	πι	Reason for Public (Charity Status (All organizations must co	mplete th	s part.) Se	e instructions	S.		
	organ	ization is not a private found	lation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)				
1		A church, convention of ch				• • •	I)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospit	al's name,
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv).	Complete Part II.)							
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7	X	An organization that norma	ally receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic dese	cribed in
		section 170(b)(1)(A)(vi). (C	complete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Parl	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersl	hip fees, an	d gross re	ceipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross	investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	ganization a	fter June 3	30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	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 !	5 09(a)(2) .	See section	509(a)(3). (beck the	box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	olete lines	12e, 12f, and	l 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), t	ypically 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	pporting	
		_ organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ing	
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
		_ organization(s). You mus	st complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	lly integrate	d with,	
		its supported organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	ation(s)	
		that is not functionally int	tegrated. The organiz	ation generally must sati	isfy a distr	bution rec	quirement and	l an attentiv	eness	
		_ requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga					Туре I, Туре	II, Type III		
		functionally integrated, or		nally integrated supportir	ng organiz	ation.				
		er the number of supported o	•							
g		vide the following information	n about the supporte (ii) EIN	V/	(iv) Is the orga	nization listed	(v) Amount o	fmonoton	(vi) Ame	unt of other
	(i) Name of supported organization		(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see in			ount of other ee instructions
		organization		above (see instructions))	Yes	No				
.										
Tota	I									

Schedule A (Form 990 or 990-EZ) 2018 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 13

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Schedule A (Form 990 or 990-EZ) 2018 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	555,868.	781,537.	801,265.	795,172.	884,378.	3818220.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	555,868.	781,537.	801,265.	795,172.	884,378.	3818220.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3818220.
	ction B. Total Support						3010220.
		(-) 2014	(h) 2015	(a) 2016	(4) 0017	(a) 2018	
	ndar year (or fiscal year beginning in)	(a) 2014 555,868.	(b)2015 781,537.	(c) 2016 801,265.	(d) 2017 795,172.	(e) 2018 884,378.	(f) Total 3818220 •
	Amounts from line 4	555,000.	/01,55/.	001,205.	195,112.	004,570.	5010220.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 7 0	200	600		1	1 2 2 1
	and income from similar sources \dots	172.	296.	620.	88.	155.	1,331.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	318,999.	243,888.	360,755.	596,750.	582,920.	
11	Total support. Add lines 7 through 10						5922863.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stor	ohere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>64.47</u> %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	<u>69.08</u> %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o				
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization	-	
b	10% -facts-and-circumstances test	•	•	,	•		
-	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio			-	• • • •		
						dulo A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	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.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	anization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2018 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2		B			18	%
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2017. If the	-	•				%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 10-11-18						990 or 990-EZ) 2018

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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. Complete line 3 below.			
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		<u> </u>
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		<u> </u>
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		
832025	5 10-11-18 Schedule A (Form 99	90 or 99	0-EZ)	2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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)

Schedule A (Form 990 or 990-EZ) 2018 SPARE KEY

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) 2018

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6

Schedule A (Form 990 or 990-	EZ) 2018 SPARE KEY
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Pa	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 exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	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	9	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 SPARE KEY

S	art IV, Section A, lines 1, ne 1; Part IV, Section D, li ection D, lines 5, 6, and 8 see instructions.)	s; and Part V, Section	on E, lines 2, 5, and	6. Also complete th	is part for ar	ny additional inform	B, line 1e; Part V, ation.
(5	ee instructions.)						
							n 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

SPARE KEY	41-1888767
Organization type (check one):	11 1000,07

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., but no such contributions totaling the year for an *exclusively* religious, charitable, etc., but no such contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., but no such contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

SPARE KEY

Employer identification number

41-1888767

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DANBURY FOUNDATION 7381 165TH ST E PRIOR LAKE, MN 55372	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANONYMOUS ANONYMOUS ANONYMOUS, MN 55101	\$36,946.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LENDSMART MORTGAGE, LLC 3450 LEXINGTON AVE N #210 SHOREVIEW, MN 55126	\$51,137.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	COMPASS GROUP 2400 YORKMONT RD CHARLOTTE, NC 28217	\$ <u>112,439.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TITLESMART, INC. 4810 WHITE BEAR PARKWAY #100 WHITE BEAR LAKE, MN 55110	\$42,702.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LIVEWIRE 1701 1ST AVE N FARGO, ND 58102	\$30,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
823452 11-08	- IO	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

SPARE KEY

Employer identification number

41-1888767

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	ASI SIGNAGE 1301 NORTH WASHINGTON AVE MINNEAPOLIS, MN 55411	\$ <u>20,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	RICHARD M. SCHULZE FAMILY FOUNDATION 8500 NORMANDALE LAKE BLVD, STE 1750 MINNEAPOLIS, MN 55437	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	BELL BANK MORTGAGE 5500 WAYZATA BLVD, STE 300 MINNEAPOLIS, MN 55416	\$65,755.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LEMA 101 5TH ST E, STE 1100 SAINT PAUL, MN 55101	\$45,756.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MOVEMENT FOUNDATION 8024 CALVIN HALL RD INDIAN LAND, SC 29707	\$19,810.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 823452 11-08	BELL STATE BANK & TRUST 3100 13TH AVE S FARGO, ND 58103	\$19,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

15271028 135857 75764.00

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

SPARE KEY

Employer identification number

41-1888767

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	EDINA REALTY FOUNDATION 6800 FRANCE AVE S, STE 600 EDINA, MN 55435	\$18,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

15271028 135857 75764.00

	3 (Form 990, 990-EZ, or 990-PF) (2018)		Page 3
Name of or	ganization		Employer identification number
SPARE	KEY		41-1888767
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
6	EVENT PRODUCTION		
		\$30,0	00.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
7	PRINTING AND PAPER		
		\$20,0	00.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
823453 11-08-		 \$	B (Form 990, 990-EZ, or 990-PF) (2018)

15271028 135857 75764.00

ame of or	rganization			Employer identification number	
PARE	KEY			41-1888767	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or left.	v For organizations	hat total more than \$1,000 for the yea	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
Part I					
		(e) Transfer of gift			
-	Transferee's name, address, a			insferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
-		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
ŀ	(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee	
			1		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of tra	insferor to transferee	
3454 11-08-	-18	26	Schedule	B (Form 990, 990-EZ, or 990-PF) (20	

15271028 135857 75764.00

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



	Name	of the	e orgar	nizatio
--	------	--------	---------	---------

Nam	e of the organization SPARE KEY		Employer identification number 41-1888767
Pa		Funds or Other Similar Funds or A	
ra			Complete il the
	organization answered "Yes" on Form 990, Part IV, line		(b) Funds and other accounts
4	Tatel number at and of year		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		-1-
5	Did the organization inform all donors and donor advisors in w	-	
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		·
Pa	impermissible private benefit? t II Conservation Easements. Complete if the orga	nization oneward "Voo" on Form 000 Dath	
			, line 7.
1	Purpose(s) of conservation easements held by the organization		. See a stand land to see
	Preservation of land for public use (e.g., recreation or ed	· _	• •
	Protection of natural habitat	Preservation of a certified h	listoric structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifier	ed conservation contribution in the form of a co	
_	day of the tax year.		Held at the End of the Tax Year
a			2a
b			2b
с	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included in (c) acquired af	-	
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	ased, extinguisned, or terminated by the organ	lization during the tax
	year	would be be acted N	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	and ing of violations, and enforcing conservation	on easements during the year
7	Amount of overcess incurred in menitoring, increasing, handli	ng of violations, and onforcing concernation of	accomenta durina the year
7	Amount of expenses incurred in monitoring, inspecting, handli \$	ng of violations, and emorcing conservation ea	asements during the year
0	Does each conservation easement reported on line 2(d) above	action the requirements of eaction 170(h)(4)(P	\ <u>\</u>
8			
٥	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatior		
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	אוז אווומווכומו אמנפווופרונא נוומנ עפאכרוטפא נוופ טוע	Janization's accounting for
Pa	t III Organizations Maintaining Collections of A	Art. Historical Treasures. or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		nd balance sheet works of art
	historical treasures, or other similar assets held for public exhil		
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		alance sheet works of art historical
~	treasures, or other similar assets held for public exhibition, edu		
	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 treas		
2	the following amounts required to be reported under SFAS 116		provide
а	Bevenue included on Form 990. Part VIII. line 1		► \$

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\$
Schedule D (Form 990) 2018

27

Sche	dule D (Form 990) 2018 SPARE K							41-18	8876	7 ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, or	r Othe	r Simila	r Assets	s (contil	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the	following that	are a si	gnificant	use of its c	ollection	items	í.
	(check all that apply):										
а	Public exhibition	c	ı 🗌	Loan or exc	hange progra	ams					
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how tl	hey further th	ne organizatio	on's exer	npt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o	or receive donations of	of art, h	istorical treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if th	e organizatio	on answered "	'Yes" or	I Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for	contribution	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1 f		_		
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Par	t V Endowment Funds. Complete i		swered	l "Yes" on Fo							
		(a) Current year	(b)	Prior year	(c) Two year	rs back	(d) Three	years back	(e) Fou	r years	back
1 a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
t	Administrative expenses										
g	End of year balance		. (1:)) In a l al l a l a						
2	Provide the estimated percentage of the curr			g, column (a)) neid as:						
a	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С	Temporarily restricted endowment	%									
2-	The percentages on lines 2a, 2b, and 2c sho		tion the	at are hold a	ad administar	ad far th	o organi-	otion			
Ja	Are there endowment funds not in the posse	ssion of the organiza		at are neiù ai	iu aurimister		le organiz	auon		Yes	No
	by: (i) unrelated organizations								3a(i)	162	
									3a(ii)		<u> </u>
h	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										·
Par	t VI Land, Buildings, and Equipm			lando.							
	Complete if the organization answere). Part I	V. line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or c		T	t or other		ccumulat	ed	(d) Boo	k valu	e
		basis (investr	nent)	basis	(other)	de	preciatior	ו			
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment			9	5,455.		44,6	54.	5	0,8	01.
-	Other									• •	0.6
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. colur</u>	mn (B), line 1	0c.)		<u></u>	. 🕨		0,8	
								Schodulo	D / Carr	~ ^ ^ ^ ^	0040

Schedule D (Form 990) 2018

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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) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 SPARE KEY			41-	1888767 Page
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,467,453
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		247,927		
е	Add lines 2a through 2d			2e	247,927
3	Subtract line 2e from line 1			3	1,219,526
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.)	4b			
					<u>م</u>
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII Reconciliation of Expenses per Audited Financial Sta) atements With		5	0 1,219,526 n.
5 Par	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i> t XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line) atements With ne 12a.	Expenses per	5 Retur	n.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements) atements With ne 12a.	Expenses per	5	
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:) atements With ne 12a.	Expenses per	5 Retur	n.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities) atements With ne 12a. 	Expenses per	5 Retur	n.
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments) atements With ne 12a. 2a 2b	Expenses per	5 Retur	n.
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses) atements With ne 12a. 2a 2b 2c	Expenses per	5 Retur	n.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)) atements With ne 12a. 2a 2b 2c 2c 2d	Expenses per	5 Return	n. 1,200,563
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Dother (Describe in Part XIII.) Add lines 2a through 2d Dother losses) atements With ne 12a. 2a 2b 2b 2c 2d	Expenses per	5 Return	n. <u>1,200,563</u> 247,927
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12. t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements) atements With ne 12a. 2a 2b 2b 2c 2d	Expenses per	5 Return	n. 1,200,563
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:) atements With ne 12a. 2a 2b 2c 2d	Expenses per	5 Return	n. <u>1,200,563</u> 247,927
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b) atements With 12a. 2a 2b 2c 2d 2d	Expenses per	5 Return	n. <u>1,200,563</u> 247,927
5 Par 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Other XIII.)) atements With 12a. 2a 2b 2c 2d 2d 2d	Expenses per	5 Return	n. <u>1,200,563</u> 247,927
5 Par 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b) atements With 12a. 2a 2b 2c 2d 2d 2d	Expenses per	5 Return	n. <u>1,200,563</u> 247,927

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 X 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	
--	--

\$247,927

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES DEDUCTED FROM SPECIAL EVENTS REVENUE

\$247,927

832054 10-29-18

SCHEDULE G	Suppleme	ental Information Regarding	g Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$				19, or if the	2018
Department of the Treasury							
Internal Revenue Service							
Name of the organization	SPARE K	EY				41-18	identification number 88767
Part I Fundrais		Complete if the organization answ	vered "Y	es" or	n Form 990, Part IV, li		
required to	complete this par	t.					
 a Mail solicitat b Internet and c Phone solicitat d In-person sol 2 a Did the organization key employees lister 	ions email solicitations tations licitations in have a written o ed in Form 990, P highest paid indiv	s f Soliciti g Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purse	ation of ation of al fundra al (incluc professi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	X	
(i) Name and address or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)
DDD ENTERPRISES, LI			Yes	No			
JEFFERSON AVE., ST.	PAUL, MN	GRANT WRITING		X	169,137.	34,5	37. 134,600.
Total 3. List all states in whi	ch the organizatio	on is registered or licensed to solicit	contrib		169,137.	34,5	· · · ·
or licensing.			Contrib				

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) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 SPARE KEY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

					NONE	(add col. (a) through
			THE GROOVE (event type)	(event type)	(total number)	col. (c))
anı				(event type)	(total humber)	
Revenue	1	Gross receipts	582,920.			582,920.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	582,920.			582,920.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses	247,927.			247,927.
	10		n 9 in column (d)		►	247,927.
_	11					334,993.
Pa	ırt I	•••••••••••••••••••••••••••••••••••••••	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		() Dull take for task		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Singo, progressive singe		
Ве	1	Gross revenue				
	· ·					
ses	2	Cash prizes				
penses	3	Noncash prizos				
Exp(ľ	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Direct Exp(4					
Direct Expe	4	Rent/facility costs	Yes%	Yes %	Yes %	
Direct Expe	4	Rent/facility costs	└── Yes % └── No	└── Yes % └── No	☐ Yes % ☐ No	
Direct Expe	4	Rent/facility costs Other direct expenses Volunteer labor	No		No	
Direct Expe	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No	□ No	<u>No</u> No ►	
Direct Expe	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	No	□ No	<u>No</u> No ►	
	4 5 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	n 5 in column (d)	<u> </u>	─ No ►	
9	4 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	□ No	No ►	Yes No
9	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No N	No No	No ►	Yes No
9	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	No N	No No	No ►	YesNo
9 a b	4 5 7 8 En ⁻ 1 Is t	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and No," explain:	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No ►	
9 a b	4 5 7 8 En 1 Is t 9 If "	Rent/facility costs	No No from line 1, column (d) from line 1, column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	□ No 	
9 a b	4 5 7 8 En 1 Is t 9 If "	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and No," explain:	No No from line 1, column (d) from line 1, column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	□ No 	
9 a b	4 5 7 8 En 1 Is t 9 If "	Rent/facility costs	No No from line 1, column (d) from line 1, column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	□ No 	
9 a b 10a	4 5 7 8 0 Is t 0 If "	Rent/facility costs	No No from line 1, column (d) from line 1, column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	□ No 	

Sch	edule G (Form 990 or 990-EZ) 2018 SPARE KEY 41	L-18887	767	Page 3
11	Does the organization conduct gaming activities with nonmembers?	🗆 N	/es	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?	🗆 Y	/es	No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13 a		%
k	an outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u>רו</u>	ſes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name 🕨			
	Address 🕨			
40				
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mandaton diatributional			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
		ו 🗌 ו	/es	No No
ł	Pertain the state gaming license?			
	organization's own exempt activities during the tax year > \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
8300	83 10-03-18 Schedule G (I	Form 990 or	r 000.	F7) 2019
0320		5111 330 0	- 550-	

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States										
Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organization	SPARE KEY			<u></u>				Employer identification number $41 - 1888767$			
	ation on Grants a										
 Does the organization criteria used to award Describe in Part IV the 	the grants or assis	stance?				 • 					
						anization answered "Y	es" on Form 990, Par	IV line 21 for any			
			be duplicated if addition								
1 (a) Name and address or governm	of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
2 Enter total number of s 3 Enter total number of c LHA For Paperwork Redu	other organization	s listed in the line 1	table	e line 1 table				Schedule I (Form 990) (2018)			

Schedule I (Form 990) (2018)

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		
ORTGAGE PAYMENTS	214	264,147.	0.				
ENT 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

18

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. 832211 10-10-18

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	ORM 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.		٥.	1,447.
22	DELL LAPTOP - INSPIRON DELL DIMENSION 3100 W/	12/01/04	SL	3.00		16	1,409.				1,409.	1,409.		0.	1,409.
23	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.	40.		0.	40.
34	LAPTOP	12/01/14	SL	5.00		16	580.				580.	358.		116.	474.
35	VIDEO CAMERA	11/18/15	SL	5.00		16	1,304.				1,304.	544.		261.	805.
36	APPLE COMPUTER - SOPHIE	12/04/15	SL	5.00		16	5,191.				5,191.	2,163.		1,038.	3,201.
37	EVENT SIGNAGE	12/22/15	SL	5.00		16	10,000.				10,000.	4,166.		2,000.	6,166.
38	LEXUS 14 LX570 (60K MILES)	04/05/17	SL	5.00		16	58,700.				58,700.	8,805.		11,740.	20,545.
39	NOLOGY HP DESKTOPS (4)	04/19/17	SL	3.00		16	2,433.				2,433.	608.		811.	1,419.
40	DELL OPTIPLEX - TR SALES	05/15/17	SL	3.00		16	2,686.				2,686.	671.		895.	1,566.
41	ASI SIGNAGE - GALA	02/28/17	SL	3.00		16	10,500.				10,500.	2,917.		3,500.	6,417.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						95,455.				95,455.	24,293.		20,361.	44,654.
	* GRAND TOTAL 990 PAGE 10 DEPR						95,455.				95,455.	24,293.		20,361.	44,654.

828111 04-01-18

(D) - Asset disposed

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