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Form	$\mathbf{J}$	J	U

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

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

A	For the	and a calendar year, or tax year beginning and	enaing					
В	Check if applicabl	e: C Name of organization		D Employer identifie	cation number			
	Addre							
	Name chang	e Doing business as	**_*	*-**7793				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return		21307	651-	221-0405			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,050,832.			
	Amen	COlumbia neignes, MN 55421		H(a) Is this a group re				
	Applic			for subordinates	? Yes X No			
	pendi	same as C above		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: 🔀 501(c)(3) 🚺 501(c) ( ) ◀ (insert no.) 🚺 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)			
		te:▶ www.thedwellingplaceshelter.org		H(c) Group exemption				
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1997 N	State of legal domicile: MN			
Pa	art I	Summary	_ 111	_ 1 _ 1				
ø	1	Briefly describe the organization's mission or most significant activities: $\underline{The}$	Dwelli	ng Place is	a			
anc		Christian ministry providing healing and						
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		-			
Š					8			
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)		8				
ies		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		12				
Activities & Governance		Total number of volunteers (estimate if necessary)		203				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	I				
				Prior Year 673,253.	Current Year 982,321.			
iue		Contributions and grants (Part VIII, line 1h)		15,789.	17,857.			
Revenue		Program service revenue (Part VIII, line 2g)		109.	202.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,486.	764.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		687,665.	1,001,144.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,001,144.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		416,952.	433,336.			
Ise	162	Professional fundraising fees (Part IX, column (A), line 11e)	······	10,525.	14,400.			
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) <b>80, 2</b>	80.	_ ,				
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		223,520.	208,893.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		650,997.	656,629.			
		Revenue less expenses. Subtract line 18 from line 12		36,668.	344,515.			
OC				ginning of Current Year	End of Year			
Assets or d Balances	20	Total assets (Part X, line 16)		785,307.	1,125,953.			
ASS	21	Total liabilities (Part X, line 26)		175,707.	169,131.			
Func	-	Net assets or fund balances. Subtract line 21 from line 20		609,600.	956,822.			
	art II	Signature Block						

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

Sign Here	Signature of officer Linda Wiza, Executive Type or print name and title	Director		Date							
Paid	Print/Type preparer's name Steven D. Anseth, CPA	Preparer's signature Steven D. Anseth,	Date CP07/10	- John Chilphoyou	PTIN P00552219						
Preparer	Firm's name 🕨 Abdo, Eick & Mey			Firm's EIN 🕨 **	*-***7419						
Use Only	Firm's address 5201 Eden Avenue	e, Suite 250		-							
Edina, MN 55436 Phone no.952-835-9090											
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)			X Yes No						
732001 11-2	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)										

See Schedule O for Organization Mission Statement Continuation

Form	n 990 (2017) The Dwelling Place **	*-***7793	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		, age =
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		<u> </u>
•	The Dwelling Place is a Christian ministry providing heal:	ing and ho	pe
	to victims of domestic abuse through supportive services a		
	place to call home.		
	<u>-</u>		
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	XNo
	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?	XYes	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 mea	asured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t		
	revenue, if any, for each program service reported.		
4a		17.	857.)
τu	Transitional Housing - The Dwelling Place has six homes where the state of the stat		
	may stay 12 to 18 months to heal and learn skills necessar		
	empowered, successful lives free from abuse. Our locations		
	in residential neighborhoods and are kept confidential for		
	of our women and children, making it very difficult for al		
	their victims. Currently our houses serve multiple purpose		
	shelter for the women and children we serve; program staff	f offices:	and
	women and children's group program space. We can house up		4114
	individuals at one time. The homes are very nice, clean, i		and
	have security systems. Statistics for 2017: 25 women and t		4114
	children were served (19 of the women where mothers). Of t		nle
	served, 53% were African American, 27% Caucasian 8% Africa		
4b			)
-10	Domestic Abuse Program and Support Services - Our trauma-	informed c	are
	consists of two primary healing principles: safety and emp		
	have 20 years of experience in providing services to vict		
	domestic abuse. We combine best practices with a strong Ch		
	environment. We were founded on the understanding that in		help
	victims of domestic abuse heal from their emotional wounds		
		ssing the	
	whole person.		
	The Dwelling Place provides a comprehensive domestic abuse	e program	and
	support services for residents, including intensive case r	nanagement	,
	support groups, education on domestic abuse, classes on bu	idgeting a	nd
4c			
	(Code:) (Expenses \$ 58,882. including grants of \$) (Revenue \$ Children's Programming - With so many single mothers in ou	ır program	s,
	The Dwelling Place also provides programming for their ch	ildren. Al	1
	the children in our homes receive ongoing case management,	, mental a	nd
	behavioral health services, individual trauma therapy, and	1	
	age-appropriate educational services to help them heal.	All the	
	mothers in our program also receive personalized Parenting	j Case	
	Management and education to help them meet their children	's individ	ual
	needs and find the best services available for their famil	ly.	
	With our Children's Program, we envision eliminating the g		
	cycle of abuse through education and by showing children t	hey are 1	oved
	and have value. The goal is to promote healing from trauma	and and	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 487,632.		

 Form 990 (2017)
 The Dwelling Place

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	- 23	<u> </u>
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		

 Form 990 (2017)
 The Dwelling Place

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		24u		
254	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~ 1	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form	990 (2017) The Dwelling Place		**_**7	793	Р	age <b>5</b>		
Pa					-			
	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming					
	(gambling) winnings to prize winners?			1c	Х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	12					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction							
3a				3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		Х		
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 A	Accoui	nts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		Х		
с	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 t	he org	anization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a	Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts					
	were not tax deductible?			6b		X		
7	Organizations that may receive deductible contributions under section 170(c).					x		
а	a 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?							
b	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 w	as rec	luired					
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	399 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation	ile a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e					
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а				9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	<b>Note.</b> 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	1	1					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c	<u>                                     </u>			v		
14a				14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	le O		14b				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	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 8			
	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 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ <b>MN</b>		1	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a far public increase in a direct barry and these qualitations are shown in the section of the section o	availab	Ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
10	X Own website Another's website I Upon request Other ( <i>explain in Schedule O</i> )	م م		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a tinan	cial	
00	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 books and records: ►			
	940 44th Avenue NE, #21307, Columbia Heights, MN 55421			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

т

Name and Title     Average hours per week (stary) related organization into and related organization into and related organization (2) Tim Rubers     Reportable compensation from from organization (W-2/1098-MISC)     Estimated compensation from the organization (W-2/1098-MISC)       (1) Roy Anderson Chair     3.00 X     X     X     0.     0.       (2) Tim Rubers     1.00 Read Member     X     X     0.     0.       (3) Chris Chell     2.00 X     X     X     0.     0.       (4) Black Ruffnan     1.00 Read Member     X     0.     0.     0.       (5) Tom Swanner     1.00 Read Member     X     0.     0.     0.       (6) Faul Leverentz     1.00 Read Member     X     0.     0.     0.       (3) Inta Wiza     32.00 X     X     0.     0.     0.       (3) Fau Reversion     1.00 Read Member     X     0.     0.     0.       (3) Fau Reversion     1.00 Read Member     X     0.     0.     0.       (3) Linda Wiza     32.00 Read Member     X     1.0     0.	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week (list any hours for related organization below line)box, unless person is both offer and a directivitustee) iffer and a directivitustee)compensation from the organization (W-2/1099-MISC)amount of other organization (W-2/1099-MISC)(1) Roy Anderson3.00 related organization below line)xx0.0.0.(1) Roy Anderson3.00 reasurerxx0.0.0.0.(2) Tim Hubers3.00 reasurerxx0.0.0.0.(3) Chris Chell2.000 yiexx0.0.0.0.Vice Chair1.00 Board Memberxx0.0.0.0.(6) Paul Leverentz1.00 Board Memberx0.0.0.0.(7) Gretchen Stevenson1.00 Board Memberx0.0.0.0.(6) Faul Leverentz1.00 Board Memberx0.0.0.0.(7) Gretchen Stevenson1.00 paard Memberx0.0.0.0.(6) Faul Leverentz1.00 paard Memberx0.0.0.0.(7) Gretchen Stevenson1.00 paard Memberx0.0.0.0.(9) Linda Wiza32.001100.0.0.	Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (list any hours for related organization genization genization 			box	box, unless person is b		is bot	th an	compensation			
(1) Roy Anderson       3.00       X       X       X       0.       0.       0.         Chair       X       X       X       0.       0.       0.       0.         (2) Tim Hubers       3.00       X       X       X       0.       0.       0.         Treasurer       X       X       X       0.       0.       0.       0.         (3) Chris Chell       2.00       X       X       0.       0.       0.       0.         Vice Chair       X       X       0.       0.       0.       0.       0.         (4) Blake Huffman       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (6) Paul Leverentz       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (7) Gretchen Stevenson       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.						a director/trustee)		stee)			
(1) Roy Anderson       3.00       X       X       X       0.       0.       0.         Chair       X       X       X       0.       0.       0.       0.         (2) Tim Hubers       3.00       X       X       X       0.       0.       0.         Treasurer       X       X       X       0.       0.       0.       0.         (3) Chris Chell       2.00       X       X       0.       0.       0.       0.         Vice Chair       X       X       0.       0.       0.       0.       0.         (4) Blake Huffman       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (6) Paul Leverentz       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (7) Gretchen Stevenson       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.			rector								
(1) Roy Anderson       3.00       X       X       X       0.       0.       0.         Chair       X       X       X       0.       0.       0.       0.         (2) Tim Hubers       3.00       X       X       X       0.       0.       0.         Treasurer       X       X       X       0.       0.       0.       0.         (3) Chris Chell       2.00       X       X       0.       0.       0.       0.         Vice Chair       X       X       0.       0.       0.       0.       0.         (4) Blake Huffman       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (6) Paul Leverentz       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (7) Gretchen Stevenson       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.			or di	e			ated			(W-2/1099-MISC)	
(1) Roy Anderson       3.00       X       X       X       0.       0.       0.         Chair       X       X       X       0.       0.       0.       0.         (2) Tim Hubers       3.00       X       X       X       0.       0.       0.         Treasurer       X       X       X       0.       0.       0.       0.         (3) Chris Chell       2.00       X       X       0.       0.       0.       0.         Vice Chair       X       X       0.       0.       0.       0.       0.         (4) Blake Huffman       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (6) Paul Leverentz       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (7) Gretchen Stevenson       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.			ustee	truste		e	bens		(W-2/1099-MISC)		
(1) Roy Anderson       3.00       X       X       X       0.       0.       0.         Chair       X       X       X       0.       0.       0.       0.         (2) Tim Hubers       3.00       X       X       X       0.       0.       0.         Treasurer       X       X       X       0.       0.       0.       0.         (3) Chris Chell       2.00       X       X       0.       0.       0.       0.         Vice Chair       X       X       0.       0.       0.       0.       0.         (4) Blake Huffman       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (6) Paul Leverentz       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (7) Gretchen Stevenson       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.			ual tr	ional		ploye	t com	Ι.			
(1) Roy Anderson       3.00       X       X       X       0.       0.       0.         Chair       X       X       X       0.       0.       0.       0.         (2) Tim Hubers       3.00       X       X       X       0.       0.       0.         Treasurer       X       X       X       0.       0.       0.       0.         (3) Chris Chell       2.00       X       X       0.       0.       0.       0.         Vice Chair       X       X       0.       0.       0.       0.       0.         (4) Blake Huffman       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (6) Paul Leverentz       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (7) Gretchen Stevenson       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.			ndivid	nstitut	Officer	ey em	Highes	ormei			organizations
(2) Tim Hubers       3.00       X       X       0.       0.       0.         Treasurer       X       X       X       0.       0.       0.       0.         (3) Chris Chell       2.00       X       X       0.       0.       0.       0.         Vice Chair       X       X       0.       0.       0.       0.       0.         (4) Blake Huffman       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (5) Tom Swanner       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (6) Paul Leverentz       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (8) Tara Meyers       1.00       X       0.       0.       0.       0.       0.         (9) Linda Wiza       32.00       0       0.       0.       0.	(1) Roy Anderson	· · ·				×	1 0				
Treasurer       X       X       X       X       0.       0.       0.         (3) Chris Chell       2.00       X       X       0.       0.       0.       0.         Vice Chair       X       X       X       0.       0.       0.       0.         (4) Blake Huffman       1.00       X       X       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (5) Tom Swanner       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.       0.         (6) Paul Leverentz       1.00       X       0.       0.       0.       0.       0.       0.       0.         Board Member       X       0. <td>Chair</td> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>Ο.</td>	Chair		x		x				0.	0.	Ο.
(3) Chris Chell2.00XXX0.0.0.Vice ChairXXX0.0.0.0.(4) Blake Huffman1.00X0.0.0.0.Board MemberX0.0.0.0.0.(5) Tom Swanner1.00X0.0.0.Board MemberX0.0.0.0.(6) Paul Leverentz1.00X0.0.0.Board MemberX0.0.0.0.(7) Gretchen Stevenson1.00X0.0.0.Board MemberX0.0.0.0.(8) Tara Meyers1.00X0.0.0.Board MemberX0.0.0.0.(9) Linda Wiza32.00000.0.	(2) Tim Hubers	3.00									
Vice Chair         X         X         X         0. <t< td=""><td>Treasurer</td><td></td><td>X</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	Treasurer		X		X				0.	0.	0.
(4) Blake Huffman       1.00       X       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.         (5) Tom Swanner       1.00       X       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.         (6) Paul Leverentz       1.00       X       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.         (7) Gretchen Stevenson       1.00       X       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (8) Tara Meyers       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (9) Linda Wiza       32.00       0       0       0       0.       0.       0.	(3) Chris Chell	2.00									
Board Member         X         0.	Vice Chair		Х		Х				0.	0.	0.
(5) Tom Swanner         1.00         X         0.	(4) Blake Huffman	1.00									
Board Member         X         0.	Board Member		Х						0.	0.	0.
(6) Paul Leverentz       1.00       X       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.         (7) Gretchen Stevenson       1.00       X       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (8) Tara Meyers       1.00       X       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (9) Linda Wiza       32.00       0       0       0       0.       0.       0.	(5) Tom Swanner	1.00									_
Board Member         X         0.			Х						0.	0.	0.
(7) Gretchen Stevenson         1.00         X         0.	(6) Paul Leverentz	1.00									_
Board Member         X         0.			Х						0.	0.	0.
(8) Tara Meyers         1.00         0.0.0.0.           Board Member         X         0.0.0.0.           (9) Linda Wiza         32.00         0.0.0.0.		1.00									
Board Member         X         0.			X						0.	0.	0.
(9) Linda Wiza 32.00	_	1.00									
			Х						0.	0.	0.
Executive Director     X     73,500.     0.     0.       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Secure     Image: Security Director     Image: Secur		32.00									0
	Executive Director				X				73,500.	0.	0.
						-	<u> </u>	<u> </u>			

Form 990 (2017) The Dwel	ling Pla	ace	9						**_**	*7793	<u>} Pa</u>	age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees			ighe	st C	Compensated Employe	es (continued)			
(A) Name and title				Name and title         Average hours per         Position (do not check more than one box, unless person is both an         Reportable compensation			<b>(E)</b> Reportable compensation from related		(F) Estimate mount o other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	) i or ar	npensat from the ganizati nd relate ganizatio	e ion ed
		$\left  \right $										
										_		
										_		
1b Sub-total c Total from continuation sheets to Part V	II, Section A							73,500. 0. 73,500.	(	). ). ).		0.0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but compensation from the organization</li> </ul>										<u>, •</u>		0.
3 Did the organization list any former officer			ə, ke	ey er	nplc	oyee,	, or	highest compensated e	mployee on		Yes	No
<ul> <li>line 1a? If "Yes," complete Schedule J for</li> <li>For any individual listed on line 1a, is the s and related organizations greater than \$15</li> </ul>	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization	3		x x
<ul> <li>Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor</li> </ul>	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv		5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	monested in	dona	onde	ont c	onti	racto	ore t	that received more than	\$100.000 of comp	onsation	from	
the organization. Report compensation for											(C)	
Name and business	address	NC	ONE	3				Description of s	services		ensatior	<u>ו</u>
2 Total number of independent contractors	includina but r	not lii	mite	d to	tho	se lis	ster	d above) who received n	nore than			
\$100,000 of compensation from the organ	Ũ					0						

Part V							
	Check if Schedule O	contains a respon	se or note to any line	e in this Part VIII	(P)	(0)	<u> </u>
				(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
≟£[ 1 a	Federated campaigns	1a					
	Membership dues	1b					
γ Ψ Α	Fundraising events	1c	199,437.				
	d Related organizations						
<u>i u</u> e	e Government grants (cont	tributions) <b>1e</b>					
jss t	All other contributions, gifts	, grants, and					
	similar amounts not include	d above 1f	782,884.				
and Other Similar Amounts	Noncash contributions included i		34,518.				
<u>i a č</u>	Total. Add lines 1a-1f		►	982,321.			
y 2 a	Resident pay	ments	Business Code 624100	17,857.	17,857.		
	÷		_				
	t		_				
			_				
-   1	All other program service						
	<b>Total.</b> Add lines 2a-2f			17,857.			
3	Investment income (inclu	-		202.			202
	other similar amounts)			202.			202
4	Income from investment	-	· · · · · · · · · · · · · · · · · · ·				
5	Royalties						
	0	(i) Real	(ii) Personal				
6 8							
	<ul> <li>Less: rental expenses</li> <li>Rental income or (loss)</li> </ul>						
	Net rental income or (loss)						
	Gross amount from sales						
' `	assets other than invento						
	Less: cost or other basis						
	and sales expenses						
	Gain or (loss)						
	Net gain or (loss)						
	Gross income from fund						
isver	contributions reported or						
۳,	Part IV, line 18	,	a 47,688.				
l Fe	Less: direct expenses		b 49,688.				
ō	Net income or (loss) from			-2,000.			-2,000
	a Gross income from gami	-		•			,
	Part IV, line 19		a				
ł	Less: direct expenses		b				
	Net income or (loss) from						
10 a	Gross sales of inventory,	less returns					
	and allowances		a				
t	Less: cost of goods sold		b				
	Net income or (loss) from	n sales of inventory	►				
	Miscellaneous Re		Business Code				0
11 a	other revenue	e	900099	2,764.			2,764
ł	D		-				
0			-				
	All other revenue						
6	Total. Add lines 11a-11d			2,764.		~	0.00
12	Total revenue. See instructi	юп\$ <b>.</b>	🕨  -	1,001,144.	17,857.	0	• 966

Form 990 (2017)

The Dwelling Place

 Form 990 (2017)
 The Dwelling Place

 Part IX
 Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	72 500	10 275	20 400	
	trustees, and key employees	73,500.	18,375.	29,400.	25,725.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	220 E10	200 705		24 050
7	Other salaries and wages	330,510.	290,795.	15,656.	24,059.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,326.	23,022.	2,960.	3,344.
10	Payroll taxes	29,320.	23,022.	2,900.	3,344
11	Fees for services (non-employees):				
a	E	2,331.	2,331.		
b	F	9,862.	2,331.	9,862.	
		5,002.		5,002.	
	Lobbying Professional fundraising services. See Part IV, line 17	14,400.			14,400.
e f	Investment management fees	11,100.			11,100
f					
g	column (A) amount, list line 11g expenses on Sch O.)	12,070.	7,070.	1,271.	3,729.
12	Advertising and promotion	2,520.	2,368.		152
13	Office expenses	37,704.	19,562.	12,645.	5,497.
14	Information technology	.,			-,
15	Royalties				
16	Occupancy	25,992.	25,918.	74.	
17	Travel	6,445.	6,384.	8.	53.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,889.	952.	2,193.	744.
20	Interest	7,194.	7,194.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,595.	40,777.	818.	
23	Insurance	18,946.	10,382.	8,564.	
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	Contributed household s	25,798.	25,182.		616.
b	Business fees	5,353.	331.	4,956.	66.
с	Miscellaneous	3,847.	1,642.	310.	1,895.
d	Support and activities	3,583.	3,583.		
е	All other expenses	1,764.	1,764.		
25	Total functional expenses. Add lines 1 through 24e	656,629.	487,632.	88,717.	80,280.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

Form 990 (			Dwelling	Place
Part X	Balance Shee	t		

				,	<b>(A)</b> Beginning of year		(B) End of year
	4	Cash non interest bearing			282,617.	1	145,095.
1	1	Cash - non-interest-bearing			55,463.	2	268,595.
	2 3	Savings and temporary cash investments	100.	2	53,580.		
	4	Pledges and grants receivable, net			100.	3 4	33,300.
	5	Accounts receivable, net Loans and other receivables from current and fo				-	
	5	trustees, key employees, and highest compensa					
						5	
	6	Part II of Schedule L Loans and other receivables from other disgualif				5	
	0	section 4958(f)(1)), persons described in section	•	·			
		employers and sponsoring organizations of section	•				
S		employees' beneficiary organizations (see instr).		-		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,750.	9	3,875.
		Land, buildings, and equipment: cost or other	I			J	
1	100	basis. Complete Part VI of Schedule D	10a	992,810.			
1	b	Less: accumulated depreciation		338,002.	443,377.	10c	654,808.
1	11	Investments - publicly traded securities			- , -	11	,
	12	Investments - other securities. See Part IV, line 1				12	
1	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			785,307.	16	1,125,953.
	17	Accounts payable and accrued expenses			25,726.	17	34,314.
1	18	Grants payable				18	
	19	Deferred revenue		19			
1	20	Tax-exempt bond liabilities		20			
1	21	Escrow or custodial account liability. Complete F			21		
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	149,981.	23	134,817.
1	24	Unsecured notes and loans payable to unrelated	l third	parties		24	
	25	Other liabilities (including federal income tax, pay	/ables	to related third			
1		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
1		Schedule D		·····		25	1 60 101
	26	Total liabilities. Add lines 17 through 25			175,707.	26	169,131.
1		Organizations that follow SFAS 117 (ASC 958)		k here ► 🔽 and			
Ses		complete lines 27 through 29, and lines 33 and					002 121
anc	27	Unrestricted net assets			609,500.	27	823,131.
Fund Balances	28	Temporarily restricted net assets			100.	28	133,691.
pu	29					29	
		Organizations that do not follow SFAS 117 (AS	SC 958	3), check here ▶ └			
s ol		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	<u> </u>
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net	32	Retained earnings, endowment, accumulated inc		F	609,600.	32	956,822.
	33	Total net assets or fund balances			785,307.	33	1,125,953.
	34	Total liabilities and net assets/fund balances	<u></u>		100,001.	34	Form <b>990</b> (2017)

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

Form 990 (2017) The Dwelling Place **-***						
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	1,001			
2	Total expenses (must equal Part IX, column (A), line 25)	2			29.	
3	Revenue less expenses. Subtract line 2 from line 1	3			15.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	609	),6	00.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6	2	2,7	07.	
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	956	5,8	22.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate 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 th	e audit.				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
2	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb			
	, , , , , , , , , , , , , , , , , , , ,					

SCHEDULE A	
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Department of the Treasury Internal Revenue Service

I

(Form	990	or	990-	F7)
	990	U	390-	

# 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.

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

OMB No. 1545-0047
2017
Open to Public Inspection

L

Name of the	organization
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Van	ne of t	the organization	Dwelling P	1200					identification number * - * * * 7793
Da	rt I	Reason for Public 0			molata th	ic part ) S	o instruction		
								5.	
	organ	ization is not a private found							
1		A church, convention of ch				• • •	I)(A)(I).		
2		A school described in sect							
3		A hospital or a cooperative							the been itelie we we
4		A medical research organiz	ation operated in co	njunction with a nospital	described	a in sectio	A)(1)(d)(1)(A	J(III). Enter	the hospital's hame,
5		city, and state: An organization operated for	ar the bonefit of a co		d or opera	tod by a a	overnmentel	unit dooorik	ad in
5		•		liege of university owned	u or opera	leu by a g	oveninentari		
~		section 170(b)(1)(A)(iv). (C				70/1-)/4//4)	()		
6 7		A federal, state, or local go	-						nulation along suite and im
7		An organization that norma	•	intial part of its support f	rom a gov	ernmentai	unit or from t	ne general	public described in
0		section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der					
8		A community trust describe							
9		An agricultural research org	•			-		-	-
		or university or a non-land-g university:	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	r the colleg	eor
10	X	An organization that norma	lly receives: (1) more	than 22 1/20/ of its sur	port from	contributi	one mombor	ship foos a	and gross receipts from
10		activities related to its exen							
		income and unrelated busin							-
		See section 509(a)(2). (Con				3363 acqu		gamzation	
11		An organization organized a		ively to test for public sa	foty Soo	soction 50	Q(a)(4)		
12	$\square$	An organization organized a						arry out the	purposes of one or
12		more publicly supported or	-	•	-			•	
		lines 12a through 12d that	-						
-		7				-		-	aivina
а	L	<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting							
					аппајопту				supporting
h		organization. You must o	-		tion with it		od organizatio	n(a) hy ha	vina
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontroi or mana	ige the sup	poned
_		organization(s). You mus	-					lle interret	
С		☐ Type III functionally inte						lly integrate	ed with,
ام		its supported organizatio						rtad argani	-ation(a)
d		J Type III non-functionally that is not functionally int						-	
		•	<b>v</b>	<b>e</b> ,	•		•	u an alleni	IVEIIESS
~		requirement (see instruct Check this box if the orga							
е		functionally integrated, or					а туре ї, туре	n, rype n	
f	Ento	er the number of supported of				zation.			
י ה		vide the following information	•	ad organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
				above (see instructions))					
[ot							1		

# Schedule A (Form 990 or 990 EZ) 2017 The Dwelling Place

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) 🕨	<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016		<b>e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
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							
5	The portion of total contributions							
·	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
6								
	Public support. Subtract line 5 from line 4.							
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016		e) 2017	(f) Total
	Amounts from line 4	(a) 2013	(0) 2014	(0) 2013	(0) 2010	+ '	<b>ej</b> 2017	(I) Iotai
-								
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
_	and income from similar sources							
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.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruct	ions)			12		
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501	(c)(3)	
_	organization, check this box and stor							
	ction C. Computation of Publ		•					
	Public support percentage for 2017 (					14		%
	Public support percentage from 2016					15		%
16a	33 1/3% support test - 2017. If the o	-						
	stop here. The organization qualifies							
b	33 1/3% support test - 2016. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes	t - 2017. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and lii	ne 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and <b>stop</b>	<b>here.</b> Explain in Pa	art VI h	ow the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization			
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, a	nd line 15 is	10% or
	more, and if the organization meets the							
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a pub	licly supported org	anizat	ion	
18	Private foundation. If the organization							

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990 EZ) 2017 The Dwelling Place

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

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

Se	ction A. Public Support	· • •							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	479,704.	561,861.	663,363.	673,253.	982,321.	3360502.		
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	9,197.	15,015.	13,374.	15,789.	17,857.	71,232.		
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	488,901.	576,876.	676,737.	689,042.	1000178.	3431734.		
	Amounts included on lines 1, 2, and			-	-				
	3 received from disqualified persons	25,330.	24,893.	54,663.	50,644.	58,556.	214,086.		
ł	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						0.		
c	Add lines 7a and 7b	25,330.	24,893.	54,663.	50,644.	58,556.	214,086.		
_ 8	Public support. (Subtract line 7c from line 6.)						3217648.		
Se	ction B. Total Support								
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	(b)2014 576,876.	(c) 2015 676,737.	( <b>d)</b> 2016	(e) 2017	(f) Total		
9	Amounts from line 6	488,901.	576,876.	676,737.	689,042.	1000178.	3431734.		
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	330.	45.	53.	109.	202.	739.		
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b	330.	45.	53.	109.	202.	739.		
	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.)	86,223.	38,952.	18,163.	49,030.	50,451.	242,819.		
	Total support. (Add lines 9, 10c, 11, and 12.)	575,454.	615,873.	694,953.	738,181.	1050831.	3675292.		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,		
Se	check this box and stop here		rcentage						
15	Public support percentage for 2017 (I	ine 8, column (f) d	ivided by line 13, c	olumn (f))		15	87.55 %		
16       Public support percentage from 2016 Schedule A, Part III, line 15         Section D. Computation of Investment Income Percentage									
	Investment income percentage for 20			e 13, column (f))		17	.02 %		
18									
	a 33 1/3% support tests - 2017. If the						,-		
	more than 33 1/3%, check this box a	-							
k	<b>33 1/3% support tests - 2016.</b> If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and		
	line 18 is not more than 33 1/3%, che								
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
6		
7		
8		
5		
9a		
9b		
9c		
10a		
10b		

1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing loady of a supported organization? b A anily member of a person described in (a) above? b A strike controlled entity of a person described in (a) of (b) anove?! "Yes' to a, b, or c, provide detail in Part VI. <b>Section B. Type I Supporting Organizations</b> v a strike organization strike the angenization of alone to more supported organizations have the power to regularly appoint or elect at least a majority of the organization adiations in an esupported organization, describe how the powers to appoint and/or remove directors or trustees at lines during the tax year. b Ho the organization advectives. If the organization advective than the supported organization, describe how the powers to appoint and/or remove directors or trustees at located arong the supported organization, describe how the powers to appoint and/or remove directors or trustees at longen during that appendix. c and the organization advective than the supported organization? If Yes, " how are angiority of the organization advective doganization of the support or approximation, again the support or approximation organization? If Yes, " how are angiority of the organization advective doganization and the support or angend the approximation organization? If Yes, " how are angiority of the organization advective doganization advective doganization advective doganization advective doganization advective doganization? If Yes, " how are angiority of the organization was vested in the same persons that controled or ranaged the supporting organization? If Yes, " how are angiority of the form BOD doganization advective doganization advective doganization? If Yes, " how are angiority of the some BOD doganization advective doganization? If Yes, " how are angiority of the organization was ve					
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) balow, the operating Gorganization? b A family member of a person described in (a) above? c A SSN controlled entity of a person described in (b) and (c) c A SSN controlled entity of a person described in (b) and (c) section B. Type I Supporting Organizations c and the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or detect at least a majority of the organization's directors or trustees at all times during the tax year? (N') describe in Pert VI how the supported organization, describe how the powers to appoint and/or remove directors or trustees at all times during the constraints and what conditions or restrictions, if any, applied to such powers during the lax year. 1 Using a period organization's activities, if the organization is directore or parately apported organization, describe how the powers to apport and/or remove weigholded the supported organization operate for the borefit of any supported organization? If "Nes," explain in Part VI how ording such bareatic cared out the unproses of the supported organization? If the second or organization? If "Nes," explain in Part VI how ording such bareatic aread out the unproses of the supported organization? If Wes, a vapian in Part VI how ording such bareatic aread out the unproses of the supported organization? If Wes, a vapian in Part VI how ording such bareatic aread out the unproses of the supported organization? If Wes, a vapian in Part VI how ording such bareatic aread out the unproses of the supported organization? If Wes, a vapian in Part VI how ording such bareatic aread out the unproses of the supported organization? If Wes, a vapian in Part VI how ording such bareatic aread out the unproses of the supported organization? If Wos, a control or or anaged or organization is supported organization? If Wos, a control or anaged in the organization is supported organization? If Wos, a				Yes	No
body, the governing body of a supported organization? b A family member of a person described in (a) or (b) above? b A family member of a person described in (a) or (b) above? b Yes' to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations b Yes No controlled the organization statistics. If the organization is directors or trustees at al times during the tax year? b Yes' to a physical and the organization advecting the organization of genetics or trustees at al times during the tax year? b Yes' to controlled the organization advecting the organization of genetics or trustees at al times during the tax year? b Yes' the organization statistics. If the organization is directors or trustees are all direct during the tax year? b Yes' the organization statistics. If the organization is directors or trustees were allocated among the supported organization organization is personded, organization/b Part YI how providing that operated. b Part YI how providing supporting Organization the many the proves of the supported organization organization is personded organization of the supported organization organization is supported organization of the supported organization organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization (b) the Yes' repain in Part VI how providing organization's we vested in the same persons that controlled or management of the supporting Organizations (b) H Yes', describe in Part VI how control or management of the supporting Organization's persons the controlled or electors or trustees of each of the organization's persons that controlled or electors or trustees of each of the organization's persons that controlled or electors or trustees of each of the organization's persons that controlled or electors or trustees of each of the ergonatization's of the supported organization's b Part VI how providing to tax years' b O and the organization's the tax year electone to a stat					
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<ul> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>			2b		
<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b></li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	3	-			
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       Image: Comparison of the support of the sup					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u		3a		
	h		50		
	~		Зb		

732026 10-06-17

# Schedule A (Form 990 or 990-EZ) 2017 The Dwelling Place 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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2017

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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 the	he organization is responsive	Э	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			
			<b>.</b>	

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

## Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2017

	** Do Not File **	
***	Not Open to Public Inspection	***

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
Board	25,330.	24,893.	54,663.	50,644.	58,556
otal to Schedule A, art III, Line 7a	25,330.	24,893.	54,663.	50,644.	58,556

723172 04-01-17

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

Name of the organization

Organization type (check one):

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

## 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

# 2017

Employer identification number

* _	*	*	*	7	7	q	3	

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

Check if your organization is covered by the **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**

**X** 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

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, 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 ..... ▶ \$

**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) (2017)

Name of organization

Part I

Employer identification number

\*\*-\*\*\*7793

### The Dwelling Place

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 75,500. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 170,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 13,100. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 6 X Person Pavroll 5,000. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

noncash contributions.)

Name of organization

Employer identification number

\*\*-\*\*\*7793

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 8 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 10 Х Person Payroll 42,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 12 X Person Pavroll 50,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Name of organization

Employer identification number

\*\*-\*\*\*7793

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 14 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 16 Х Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 18 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Name of organization

Employer identification number

\*\*-\*\*\*7793

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 6,428. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 22 Х Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 24 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

Name of organization

Employer identification number

\*\*-\*\*\*7793

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 9,216. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 X Person Payroll 17,296. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 28 Х Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 30 X Person Pavroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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## The Dwelling Place

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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art III	elling Place Exclusively religious, charitable, etc., contributor. Complete c completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	olumns ( <b>a</b> ) through ( <b>e</b> ) <b>and</b> the follows, charitable, etc., contributions of \$1,000	** - ***7793 ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations o or less for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 - - -	Transferee's name, address, ar	(e) Transfer of gi	gift Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi	gift Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi nd ZIP + 4	gift Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-  -  -	Transferee's name, address, ar	(e) Transfer of gi	gift Relationship of transferor to transferee
-			

SCHEDULE	ΞD
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Department of the Treasury

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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.



	I Revenue Service	ation.	Inspection		
Nam	e of the organizati			Employe	r identification number * * - * * * 7 7 9 3
Pa	rt I Organiza		ed Funds or Other Similar Funds	or Accounts	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.		
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		it end of year			
5			writing that the assets held in donor advise	ed funds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No
6			advisors in writing that grant funds can be u		
	for charitable purp	poses and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring	
	impermissible priv	ate benefit?		-	Yes No
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.	
1	Purpose(s) of con	servation easements held by the organizat	ion (check all that apply).		
	Preservation	n of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important	land area
	Protection of	of natural habitat	Preservation of a certil	ied historic struc	ture
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation	easement on the last
	day of the tax yea				d at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b					
			ructure included in (a)		
			after 7/25/06, and not on a historic structu		
	listed in the Natior	nal Register		2d	
3			leased, extinguished, or terminated by the	organization dur	ing the tax
	year 🕨				
4	Number of states	where property subject to conservation ea	sement is located		
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and ent	forcement of the conservation easements	it holds?		🖸 Yes 🛛 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	ervation easeme	nts during the year
	▶				
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements d	uring the year
	▶\$				
8	Does each conser	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(	h)(4)(B)(i)	
	and section 170(h	)(4)(B)(ii)?			Yes No
9			ion easements in its revenue and expense		
	include, if applicat	ole, the text of the footnote to the organiza	tion's financial statements that describes t	he organization's	accounting for
	conservation ease				
Pa	-	-	of Art, Historical Treasures, or Ot	her Similar A	ssets.
	Complete i	f the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance	sheet works of art,
	historical treasure	s, or other similar assets held for public ex	hibition, education, or research in furtherar	ice of public serv	rice, provide, in Part XIII,
	the text of the foo	tnote to its financial statements that descr	ibes these items.		
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance she	et works of art, historical
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provi	de the following amounts
	relating to these it	ems:			
	(i) Revenue inclu	Ided on Form 990, Part VIII, line 1		> \$	
				<b>N A</b>	
2	If the organization		easures, or other similar assets for financial		
		unts required to be reported under SFAS 1			
а			·····	> \$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
732051	I 10-09-17

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Sche	dule D (Form 990) 2017 The Dwe	lling Plac	е				* *	_ * * *	7793	Page <b>2</b>
Pa	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tre	easures, c	or Other	r Similar <i>I</i>	Asset	S(continu	ıed)
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following tha	t are a sig	nificant use	of its co	ollection	items
	(check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	e		ther						
С	Preservation for future generations									
4	Provide a description of the organization's c	-		-	-			in Part )	XIII.	
5	During the year, did the organization solicit of				-					
Dec	to be sold to raise funds rather than to be m								Yes	└── No
Pa	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered '	'Yes" on F	-orm 990, Pa	art IV, lir	ne 9, or	
	reported an amount on Form 990, Pa					4 4 %				
па	Is the organization an agent, trustee, custod								<b>X</b>	
h	on Form 990, Part X?							🖵	Yes	└── No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	nowing ta	ible:					Amount	
~	Paginning balance						1c	/	Amount	
	Additions during the year									
	Additions during the year Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII						·····			
Pa										
	· · · ·	(a) Current year		or year	(c) Two year		<b>d)</b> Three years	back	(e) Four y	/ears back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rrent year end balanc	e (line 1g	, column (a	l)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administe	red for the	e organizatio	n	Г	<u> </u>
	by:									<u>res No</u>
	(i) unrelated organizations								3a(i)	
h	(ii) related organizations	ationa listad os roqui							3a(ii)	
4	Describe in Part XIII the intended uses of the								3b	
	t VI Land, Buildings, and Equipn			1105.						
	Complete if the organization answere		) Part IV	line 11a S	ee Form 990	) Part X li	ine 10			
	Description of property	(a) Cost or o		(b) Cost			cumulated	(	<b>d)</b> Book	value
	beschption of property	basis (investr		basis (			reciation		aj book	value
1a	Land				6,548.				116	,548.
	Buildings				8,672.		56,245	•		,427.
	Leasehold improvements				4,812.		11,992			,820.
	Equipment				3,634.		62,159			,475.
	Other				9,144.		7,606			,538.
	Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	0c.)		►			,808.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-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.)			
	on Form 000 Dort IV/	line 11e See Form 000 Dart V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
<u>(1)</u> (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, I	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         Part X       Other Liabilities.	e 15.)		•
Complete if the organization answered "Yes"	on Form 990, Part IV, I		5.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(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 🚺

_	edule D (Form 990) 2017 The Dwelling Place				^^^//93 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,032,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	<b>5</b> ( , ,				
b	Donated services and use of facilities	2b	31,067.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	31,067.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,001,144.
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			
С	Add lines 4a and 4b			4c	0.
F	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,001,144.
<u> </u>					
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With		Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	n Expenses per	Retu	irn.
9 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	n Expenses per	Retu	
_	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	n Expenses per		irn.
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents With	n Expenses per		irn.
1 2	rt XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	n Expenses per		irn.
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	2a 2b	n Expenses per		irn.
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	2a 2b 2c	n Expenses per		ırn. 684,989.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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.)	2a 2b 2c 2d	28,360.		rn. 684,989. 28,360.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	2a 2b 2c 2d	28,360.	1	ırn. 684,989.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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.)	2a 2b 2c 2d	28,360.	1 2e	rn. 684,989. 28,360.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	2a 2b 2c 2d	28,360.	1 2e	rn. 684,989. 28,360.
1 2 3 4 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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:	2a 2b 2c 2d 2d	28,360.	1 2e	rn. 684,989. 28,360.
1 2 3 4 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	28,360.	1 2e	rn. <u>684,989</u> . <u>28,360</u> . <u>656,629</u> . 0.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	28,360.	1 2e 3	rn. 684,989. 28,360. 656,629.

TT TTTDD00

- - ·

**D** 1

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

### Part X, Line 2:

The Organization is exempt from income taxes under Section 501
--

the Internal Revenue Code and Minnesota Statute 290.05. Because the

Organization is a public charity, contributions to it may be deductible

for tax purposes.

Management believes that it is not reasonably possible for any tax

position benefits to increase or decrease significantly over the next 12

months.

As of December 31, 2017, there were no income tax related accrued interest

or penalties recognized in either the statement of financial position or 732054 10-09-17 Schedule D (Form 990) 2017 the statement of activities.

The Organization files informational returns in the U.S. federal

jurisdiction, and in the Minnesota state jurisdiction. U.S. federal

returns and Minnesota returns for the prior 3 fiscal years remain open for

examination. No returns are currently under examination in any tax

jurisdiction.

(Form 990 or 990-F7)1	plete if th	ental Information Regarding e organization answered "Yes" or organization entered more than \$ Attach to Form 990 Go to www.irs.gov/Form990	Form 15,000 D or Fo	990, I on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.			OMB No. 1545-0047
Name of the organization	Employer id * * _ * * *	dentification number 7793						
Part I Fundraising A required to complete		• Complete if the organization answ t.	ered "\	′es" o	n Form 990, Part IV,	line 1	7. Form 990-	EZ filers are not
<ul> <li>a Mail solicitations</li> <li>b Internet and emails</li> <li>c Phone solicitations</li> <li>d In-person solicitation</li> <li>2 a Did the organization have key employees listed in Formation</li> </ul>	olicitations ns a written o orm 990, F t paid indi	s <b>f</b> Solicita <b>g</b> Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	ition of tion of I fundra I (inclu profess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, true undraising services?	stees	<b>Y</b>	es No
(i) Name and address of ind or entity (fundraiser)	ividual	(ii) Activity	(iii) fund have c or cor contrib	Did raiser ustody trol of utions?	(iv) Gross receipts from activity	tò (	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	
			Yes	No				
Total				. 🕨				
		on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt from	registration

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

Schedule G (Form 990 or 990-EZ) 2017

## Schedule G (Form 990 or 990 EZ) 2017 The Dwelling Place

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-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and g			-	pts greater than \$5,000.
			(a) Event #1 Gala	(b) Event #2 Breakfast	(c) Other events None	<b>(d)</b> Total events (add col. <b>(a)</b> through
е			(event type)	(event type)	(total number)	– col. <b>(c)</b> )
Revenue	1	Gross receipts	236,277.	10,848.		247,125.
	2	Less: Contributions	189,413.	10,024.		199,437.
	3	Gross income (line 1 minus line 2)	46,864.	824.		47,688.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	6,997.			6,997.
Irect E)	7	Food and beverages	24,452.	120.		24,572.
	8	Entertainment	5,829.			5,829.
	9	Other direct expenses		772.		12,290.
	10	Direct expense summary. Add lines 4 throug				49,688.
Do	11 Irt	Net income summary. Subtract line 10 from	line 3, column (d)	- 000 Dest IV/ Kee 10	<b>&gt;</b>	-2,000.
гd		<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or l	reported more than	
Revenue		••••••••••••••••••••••••••••••••••••••	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Reve	1	Gross revenue				
es	2	Cash prizes				
<b>Direct Expenses</b>	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	۴.		1,	ł, ł		

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)		
i	<ul> <li>Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> <li>b If "No," explain:</li> </ul>	Yes	No

%

Yes

No

%

Yes

No

%

Yes

No

732082 09-13-17

6 Volunteer labor

7 Direct expense summary. Add lines 2 through 5 in column (d)

Scł	hedule G (Form 990 or 990-EZ) 2017 The Dwelling Place **-*	**7	793	Page <b>3</b>
_	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	<b>b</b> 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			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
I	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
(	<b>c</b> If "Yes," enter name and address of the third party:			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ies 9,	9b, 1(	)b, 15b,


1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	Х				.Suggest				
5	Clothing and household goods	Х				.Retail			r v	alu
6	Cars and other vehicles	Х	1		2,960	.Retail	val	ue		
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	Х	9		1,398	.Retail	or	dono:	r v	alu
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (Building supp)	Х	3			.Retail			r v	alu
26	Other ( Furniture )	Х	8			.Retail				
27	Other  (Crafts & Even)	Х	5			.Retail				
28	Other  ( School Suppli )	Х	16		1,047	.Retail	or	dono:	r v	alu
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement	29					
									Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I	l, lines 1 thro	ough 28, that it				
	must hold for at least three years from the date	e of the initia	I contribution, and	l which isn't re	quired to be	e used for				
	exempt purposes for the entire holding period?	?						30a		Х
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonsta	ndard contri	butions?		31		Х
32a	Does the organization hire or use third parties of									
	contributions?							32a		Х

## **b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

## **Noncash Contributions**

**(b)** Number of

contributions or

items contributed

(c) Noncash contribution

amounts reported on

Form 990, Part VIII, line 1g

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

(d)

Method of determining

noncash contribution amounts

Department of the Treasury
Internal Revenue Service

Part I

732141 09-07-17

SCHEDULE M (Form 990)

Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

(a)

Check if

applicable

Inspection Employer identification number

\*\*-\*\*\*7793

OMB No. 1545-0047

**Open To Public** 

Name of the organization			
	The	Dwelling	Place

Types of Property

Schedule M (Form 990) 2017 The Dwelling Place

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### Part I, Other Types of Property:

Computers & TVs

(a) Check if applicable = X

- (b) Number of Contributions = 5
- (c) Revenue Reported on Form 990, Part VIII \$ 808.
- (d) Method of determining revenue: Donor value

Bikes & Helmets

- (a) Check if applicable = X
- (b) Number of Contributions = 2
- (c) Revenue Reported on Form 990, Part VIII \$ 780.
- (d) Method of determining revenue: Retail value

Flooring

(a) Check if applicable = X

(b) Number of Contributions = 1

(c) Revenue Reported on Form 990, Part VIII \$ 300.

(d) Method of determining revenue: Retail value

732142 09-07-17

SCHEDULE O (Form 990 or 990-EZ) 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.

The Dwelling Place

Open to Public Inspection Employer identification number

OMB No 1545-0047

\*\*-\*\*7793

Form 990, Part I, Line 1, Description of Organization Mission:

abuse through supportive services and a safe place to call home.

Form 990, Part III, Line 3, Changes in Program Services:

Effective October of 2017 we launched a new component to our Domestic

Abuse Program. Our new 30-Day Program allows us to provide a higher

level of attention and on-boarding to our new residents in their first

30 days with us. It is also an assessment period in which both the

organization as well as the residents identify the fit for residents

entering into our extended program. This has increased our

effectiveness of support and empowerment for our families.

Form 990, Part III, Line 4a, Program Service Accomplishments:

East Asian, 3% Latino/African American, 3% African/Native American.

Children ranged in age from new born to 17 years, 15 boys and 22 girls;

100% below the poverty line and considered homeless by the state of

Minnesota.

Form 990, Part III, Line 4b, Program Service Accomplishments: managing finances, parenting skills, shopping for affordable groceries and cooking nutritious meals on a limited budget, Bible Study and Christian spiritual support. Collaborative partnerships also exist to provide resources for employment counseling, therapy and affordable housing.

Form 990, Part III, Line 4c, Program Service Accomplishments:

Schedule O (Form 990 or 990-EZ) (2017)	Page 2					
Name of the organization The Dwelling Place	Employer identification number **-**7793					
opportunities for growth in social, emotional, and cognitive skills.						
Children in our program experience safety and freedom from fear,						
strengthen their relationship with their mom, express and identify						
emotions in healthy ways, and learn dynamics of healthy relationships.						

Form 990, Part VI, Section B, line 11b:

A copy of the 990 is provided to the Board of Directors for review prior to filing.

Form 990, Part VI, Section B, Line 12c:

Annually the board members are reminded of their responsibility to report all conficts of interest to the board. In addition, board members annually sign a conflict of interest statement.

Form 990, Part VI, Section B, Line 15:

The board of directors annually reviews compensation levels for all key employees. They refer to the Minnesota Council of Nonprofits' Benefit Survey which includes salary and benefit data for key positions in the Human Services industry. This survey compares compensation by annual operating budget for the metropolitan area and greater Minnesota. The board also considers the responsbilities of the positions, current market conditions, and economic factors. The board will discuss, deliberate, and vote.

Form 990, Part VI, Section C, Line 19:

The organization makes its documents available upon request.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization The Dwelling Place	Employer identification number * - * * * 7793
Revenue and expenses do not include \$24,500 in donated re	nt for the
houses used by The Dwelling Place as residences nor \$6,56	7 in expensed
or capitalized donated services.	
Form 990, Part XII, Line 2c:	
The process has not changed from the prior year.	

\_\_\_\_\_

## TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

### FOR THE YEAR ENDING

December 31, 2017

Prepared for	
	The Dwelling Place 940 44th Avenue NE No. 21307 Columbia Heights, MN 55421
Prepared by	Abdo, Eick & Meyers, LLP 5201 Eden Avenue, Suite 250 Edina, MN 55436
Amount due or refund	Balance due of \$25.00
Make check payable to	State of Minnesota
Mail tax return and check (if applicable) to	Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130
Return must be mailed on or before	July 16, 2018
Special Instructions	The report should be signed and dated by the authorized individual(s).

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address: www.ag.state.mn.us/charity

### **STATE OF MINNESOTA**

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Le	gal Name of Organization The Dwelling Place						
Fe	deral EIN:**-***7793	Fiscal Year-E	End:	12312017			
			mr	n/dd/yyyy			
		Did the organ	ization'	s fiscal year-end ch	ange?	Yes	X No
	ailing Address: Linda Wiza	Physical Add Linda W					
	Contact Person 940 44th Avenue NE, No. 21307	Contact Perso 940 44t		venue NE,	#21	307	
	Street Address Columbia Heights, MN 55421	Street Addres		eights, MN	1	55421	
	City, State, and ZIP Code 551-221-0405	City, State, ar 651-221					
	Phone Number linda.wiza@thedwellingplacesh	Phone Number		@thedwelli	ngp	laceshe	lter.
E	mail Address	Email Address	s				
1.	Organization's website: www.thedwellingplaceshe	elter.or	g				
2.	List all of the organization's alternate and former names (attach list if me	ore space is ne	eded).			Alternate	Former
						Alternate	Former
3.	List all names under which the organization solicits contributions (attac The Dwelling Place	h list if more sp	ace is r	needed).			
4.	Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes		No			
5.	Total amount of contributions the organization received from Minnesota	a donors:			\$	65	1,691.
6.	Has the organization's tax-exempt status with the IRS changed? Yes $X$ No If yes, attach explanation.						
7.	Has the organization significantly changed its purpose(s) or program(s) <sup>r</sup>	?					

C2

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or government agency? $\square$ Yes $\blacksquare$ No If yes, attach explanation.						
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? X Yes No If yes, provide the following information for each (attach list if more space is needed):	consultant) to					
	Heather Caillier	14,40	0.				
	Name of Professional Fundraiser	Compensation					
	1671 Chatham Ave	rden Hills, MN	55112				
	Street Address	City, State, and ZIP Coo	le				
10.	D. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No <u>Note:</u> An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.						
11.	Do any directors, officers, or employees of the organization or its related organization(s compensation* of more than $100,000$ ? Yes X No If yes, provide the following information for the five highest paid individuals:	s) receive total					
	Name and title	Compensation*	Other compensation				

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7)

issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd.

3(i) and Minn. Stat. § 317A.011 for definitions.

#### **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

#### INCOME

1.	Contributions Received	\$	1
2.	Government Grants	\$	2
3.	Program Service Revenue	\$	3
4.	Other Revenue	\$	4
5.	TOTAL INCOME	\$	5
EXPE	INSES		
6.	Program Expenses	\$	6
7.	Management & General Expenses	\$	7
8.	Fund-raising Expenses	\$	8
9.	TOTAL EXPENSES	\$	9
10.	EXCESS or DEFICIT	\$	10
	(Line 5 minus Line 9)		
ASSE	TS		
11.	Cash	\$	11
12.	Land, Buildings & Equipment	\$	12
13.	Other Assets	\$	13
14.	TOTAL ASSETS	\$	14
LIAB	ILITIES		
15.	Accounts Payable	\$	15
16.	Grants Payable	\$	16
17.	Other Liabilities	\$	17
18.	TOTAL LIABILITIES	\$	18
FUN	D BALANCE/NET WORTH	\$	
(Line 1	4 minus Line 18)	·	

C2

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

### Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Colu	Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.					
		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses	
1.	Grants and other assistance to governments					
	and organizations in the U.S.					
2.	Grants and other assistance to individuals in the U.S.					
3.	Grants and other assistance to governments,					
	organizations, and individuals outside the U.S.					
4.	Benefits paid to or for members					
5.	Compensation of current officers, directors,					
	trustees, and key employees					
6.	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1) and					
	persons described in section 4958(c)(3)(B)					
7.	Other salaries and wages					
8.	Pension plan contributions (include section					
	401(k) and section 403(b) employer contributions)					
9.	Other employee benefits					
10.	Payroll taxes					
11.	Fees for services (non-employees):					
a.	Management					
b.	Legal					
c.	Accounting					
d.	Lobbying					
e.	Professional fundraising services					
f.	Investment management fees					
g.	Other					
12.	Advertising and promotion					
13.	Office expenses					
14.	Information technology					
15.	Royalties					
16.	Occupancy					
17.	Travel					
18.	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19.	Conferences, conventions, and meetings					
20.	Interest					
21.	Payments to affiliates					
22.	Depreciation, depletion, and amortization					
23.	Insurance					
24.	Other expenses. Itemize expenses not covered					
	above. Expenses labeled miscellaneous may					
	not exceed 5% of total expenses (Line 25).					
a.						
b.						
<u>c.</u>						
d.	Table for the standard state of the state of the state					
25.	Total functional expenses. Add lines 1 through 24d					
26.	Joint costs. Check here L if following SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation					
L			1	1	1	

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

dgment
ors, trustees, or managing group and
52, subd. 3.
uted officers of this organization, being the
(Title) respectively, and
he resolution of the
of Directors, Trustees, or Managing Group) adopted on the
ment, and do hereby certify that the
l of Directors, Trustees, or Managing Group) has assumed, and will continue
rvised, and will continue to supervise, the operations and finances of the
t and complete to the best of our knowledge.
Tim Hubers
Name (Print)
Signature
Treasurer
Title
Date