** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change The Dwelling Place Name change 41-1897793 Doing business as 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 940 44th Ave NE 651-221-0405 termin-ated 936,776. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return Columbia Heights, MN 55421 H(a) Is this a group return Applica-F Name and address of principal officer:Linda Wiza Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.thedwellingplaceshelter.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association L Year of formation: 1997 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: The Dwelling Place is a Activities & Governance Christian ministry providing healing and hope to victims of domestic Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) <u>14</u> 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 184 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 7b Prior Year **Current Year** 889,917. 1,134,644. Contributions and grants (Part VIII, line 1h) Revenue 7,635. 15,274. Program service revenue (Part VIII, line 2g) 281. 4,634. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -50,485. -51,090. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 858,735. 1,092,075 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 424,516. 512,507. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 14,715. 14,820. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 304,627 300,933. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 743,858. 828,260. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 348,217. 30,475. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,347,471. 1,393,491. Total assets (Part X, line 16) 37,992. 49,657. 21 Total liabilities (Part X, line 26) 309,479. 343,834. Net assets or fund balances. Subtract line 21 from line 20 Part 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. Signature of officer Date Sign Linda Wiza, Executive Director Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed Steven D. Anseth, CP04/24/20 **№**00552219 Steven D. Anseth, CPA Paid Firm's name Abdo, Eick & Meyers, LLP Firm's EIN \searrow 41-1397419Preparer Firm's address 5201 Eden Avenue, Suite 250 Use Only Edina, MN 55436 Phone no. 952-835-9090 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Dwelling Place is a Christian ministry providing healing and hope
	to victims of domestic abuse through supportive services and a safe
	place to call home.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? X Yes No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 218,012 • including grants of \$) (Revenue \$ 15,274 •)
4a	·
	Transitional Housing - The Dwelling Place has six homes where residents may stay up to 18
	months to heal and learn skills necessary to achieve independent
	housing, a sustaining income, and lives free of abuse. Our locations
	are located in residential neighborhoods and are kept confidential for
	the safety of our women and children, making it very difficult for
	abusers to find their victims. Currently our houses serve multiple
	purposes: safe shelter for the women and children we serve, program
	staff offices, and women and children's group program space. We can
	house up to 57 individuals at one time. The homes are very nice, clean,
	furnished, and have security systems. Statistics for 2019: 29 women
	and their 43 children were served (23 of the women where mothers). Of
4b	262 102
710	Domestic Abuse Program and Support Services -
	Our trauma-informed care consists of two primary healing principles:
	safety and empowerment. We have 21 years of experience in providing
	services to victims of domestic abuse. We combine best practices with a
	strong Christian environment. We were founded on the understanding that
	in order to help victims of domestic abuse heal from their emotional
	wounds, our programs must be Christ-centered and comprehensive -
	addressing the whole person.
	The Dwelling Place provides a comprehensive domestic abuse program and
	support services for residents, including intensive case management,
	support groups, education on domestic abuse, classes on budgeting and
4c	(Code:) (Expenses \$95,745 •including grants of \$) (Revenue \$)
	Children's Programming -
	With so many single mothers in our programs, The Dwelling Place also
	provides programming for their children. All the children in our homes
	receive ongoing case management, mental and behavioral health services,
	individual trauma therapy, and age-appropriate educational services to
	help them heal. All the mothers in our program also receive
	personalized Parenting Case Management and education to help them meet
	their children's individual needs and find the best services available
	for their family.
	With any Children's Duramen are envision alimination the assertional
	With our Children's Program, we envision eliminating the generational
	cycle of abuse through education and by showing children they are loved
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 675,939 •
<u>4e</u>	Total program service expenses ► 675,939.

Form 990 (2019) 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	X	
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	_		7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			l
	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,			37
	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? If "Yes," complete			. v
_	Schedule D, Part III	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?			X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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	10		1
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. a		<u> </u>
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	_ 22

Form 990 (2019) The Dwelling Place Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			۱
	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			77
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١.,		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
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, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	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			۱
	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?		77	1
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15 Enter the number of Forms W-2G included in line 1a Enter 0, if not applicable 1b	4		
	Litter the number of Forms w-2d included in line 1a. Litter 40- in 16t applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	Λ	

Form 990 (2019) The Dwelling Place Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 14								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).								
5а	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х					
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
^	sponsoring organization have excess business holdings at any time during the year?								
	9 Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b							
10	Section 501(c)(7) organizations. Enter:	ЭIJ							
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
-	amounts due or received from them.)								
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
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							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	b Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	c Enter the amount of reserves on hand 13c								
14a Did the organization receive any payments for indoor tanning services during the tax year?									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year?									
If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
If "Yes," complete Form 4720, Schedule O.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 la									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b									
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?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X						
3	of officers, directors, trustees, or key employees to a management company or other person?	3		х						
4		4		X						
	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X						
6	Did the organization have members or stockholders?	- °								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			Х						
	more members of the governing body?	7a								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v						
_	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	v							
а	The governing body?	8a	X							
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 on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	L							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
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	Х							
b	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	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
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									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s)s only	/) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.	, = =)	,							
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial							
.5	statements available to the public during the tax year.	.a iiia	Joiai							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	The Organization - 651-776-4805									
	940 44th Avenue NE, #21307, Columbia Heights, MN 55421									

Form 990 (2019)

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.

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

See instructions for the order in which to list the persons above.

(A)	(B)	l	(C)		iioai	(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	oox, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week		CCI ai	lu a u			100)	from	from related	other	
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	ee or (stee			nsateo		(W-2/1099-MISC)	(** 27 1033 141100)	organization	
	organizations	trust	ıal tru		oyee	Highest compensated employee				and related	
	below	vidual	Institutional trustee	je,	Key employee	nest c	Former			organizations	
	line)	ib	Insti	Officer	Key	High	Forr				
(1) Roy Anderson	3.00			l							
Chair		Х		Х				0.	0.	0.	
(2) Connie Meyer	3.00			l							
Treasurer		Х		Х				0.	0.	0.	
(3) Chris Chell	2.00									•	
Vice Chair	1	Х		Х				0.	0.	0.	
(4) Scott Koester	2.00									•	
Secretary	1 00	Х		Х				0.	0.	0.	
(5) Paul Leverentz	1.00								•		
Board Member	1 00	Х						0.	0.	0.	
(6) Gretchen Stevenson	1.00								•	•	
Board Member	1 00	Х						0.	0.	0.	
(7) Rhonda Sivarajah	1.00								•	0	
Board Member	1 00	Х						0.	0.	0.	
(8) Heidi Hoium	1.00	,,							0	0	
Board Member	32.00	Х						0.	0.	0.	
(9) Linda Wiza	32.00			,,				77 175	0	0	
Executive Director	32 00			Х				77,175.	0.	0.	
(10) Jenifer Swanson	32.00			٠,				20 220	0	0	
Accounting & Finance Manager				Х				39,220.	0.	0.	
	+										
		ł									
		ł									
							\vdash				
								l		- 000	

932007 01-20-20 Form **990** (2019)

Part VII Section A. Officers, Directors, T	rustees, Key Em	ployees, and Highest Compensated Employees (continued)										
(A)	(B)			(C)				(D)	(E)		((F)
Name and title	Average hours per		not c	Pos heck	more	than		Reportable	Reportable	_		mated
	week			ss pe nd a d				compensation from	compensatio from related			ount of ther
	(list any	ector						the	organizations	s		ensation
	hours for related	or dire	gg.			ated		organization	(W-2/1099-MIS	3C)		m the
	organizations	rustee	l truste		ee	nbens		(W-2/1099-MISC)				nization related
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est col	- Be					izations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form					
		4										
		1										
		1										
1b Subtotal							▶	116,395.		0.		0.
c Total from continuation sheets to Par							>	0.		0.		0.
d Total (add lines 1b and 1c)								116,395.		0.		0.
2 Total number of individuals (including bu		nose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportabl	е		C
compensation from the organization	<u> </u>										Y	res No
3 Did the organization list any former office	er, director, trust	ee, k	кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J fo	or such individual										3	Х
4 For any individual listed on line 1a, is the	•							•	the organization		_	X
and related organizations greater than \$Did any person listed on line 1a receive									idual for convices		4	-
rendered to the organization? If "Yes," of	•				-			ted organization or indiv	idual for services		5	Х
Section B. Independent Contractors				,	,							
Complete this table for your five highest	=	-								ipens	ation fro	m
the organization. Report compensation	for the calendar y	ear e	endi	ng v	vith	or w	/ithir		year.		(0)	
(A) Name and busine	ess address	NC	NI	Ξ				(B) Description of s	ervices	С	(C) compens	ation
2 Total number of independent contractor	s (including but r	not lir	mite	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the org					(0					_ ^4	00 (00 (0)

Form 990 (2019) The Dwelling Place
Part VIII Statement of Revenue

		Check if Schedule O	contains a response	or note to any lin	ne in this Part VIII			X
			•	, and the second se	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
တတ	4 -	Fadanskad a samakana	14-1					
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
اع ق			1b	206 622				
¥,		Fundraising events		306,632.				
真릴	d	Related organizations	1d					
ii,	е	Government grants (contr	ributions) 1e					
흔	f	All other contributions, gifts,	grants, and					
후		similar amounts not included	above 1f	583,285.				
들의	g	Noncash contributions included in	lines 1a-1f 1g \$	106,045.				
a So	_	Total. Add lines 1a-1f			889,917.			
		Totall / lad iii loo la li		Business Code	, ,			
	0 0	Resident paym	ente	624100	15,274.	15,274.		
ğ		Restache payn		024100	13,274.	13,274.		
ue n	b							
n S	С							
e ja	d							
Program Service Revenue	е							
≖ੋ	f	All other program service	revenue					
	g	Total. Add lines 2a-2f			15,274.			
	3	Investment income (include						
		other similar amounts)		885.			885.	
	4	Income from investment of						
	5	Royalties		-				
	3	noyalles	(i) Real	(ii) Personal				
	_		· · · · · · · · · · · · · · · · · · ·	(ii) i cisoriai				
	6 a		6a					
	b		6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a	8,332.				
	b	Less: cost or other basis						
e e		and sales expenses	7b	4,583.				
en	_	Gain or (loss)		4,583. 3,749.				
ther Revenue				•	3,749.			3,749.
ᇤ		Net gain or (loss)		P	3,743.			3,743.
Ě	8 a	Gross income from fundraising	ing events (not					
٥		including \$ 306						
		contributions reported on		01 505				
		Part IV, line 18						
	b	Less: direct expenses	8b	73,458.				
	С	Net income or (loss) from	fundraising events		-51,953.			-51,953.
	9 a	Gross income from gamin	g activities. See					
		Part IV, line 19	9a					
	b	Less: direct expenses						
		Net income or (loss) from						
		Gross sales of inventory,	_					
	10 u	•						
		and allowances						
		Less: cost of goods sold						
\rightarrow	С	Net income or (loss) from	sales of inventory					
ဋ		0+1		Business Code	0.60			262
eo e	11 a	Other revenue	<u> </u>	900099	863.			863.
eu eu	b							
Miscellaneous Revenue	С							
i§ ⊟	d	All other revenue						
_		Total. Add lines 11a-11d			863.			
	12	Total revenue. See instruction			858,735.	15,274.	0.	-46,456.

Part IX | Statement of Functional Expenses

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

Total expenses		Check if Schedule O contains a respons	se or note to any line in	this Part IX		
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, trustose, and key employees 6 Compensation for Unclaided above to disqualified persons (as defined under social redskipt(1) and persons disscribed in section 4985(1(3)) and persons disscribed and section 4985(1(3)) and persons disscribed and contributions (include section 4985(1(3)) and appropriate and varges section 4985(1(3)) and persons disscribed in 4985(1(3)) and persons disscribed above (its transcribed in persons of the 100 and persons and foreign a		not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
2 Grants and other assistance to domestic inclividuats. SoP Part N, line 72 3 Grants and other assistance to foreign organizations, foreign povernments, and foreign inclividuats. SoP Part N, line 81 faul 16. 4 Benefits paid to or for mambers Compensation of current officers, directors, trustees, and key employees Compensation of inclivided above to disqualified persons (as defined under section 4988(ff(1)) and persons described in section 4988(ff(1)) and 498(ff(1))	1	Grants and other assistance to domestic organizations				
Individuals See Part N, line 12 Service See Part N, line 15 See Part N, line 16 See Part N, line 17 See Part N, line 1		and domestic governments. See Part IV, line 21				
3 Garats and other assistance to foreign organizations, foreign openments, and foreign individuals. See Part IV, lines 15 and 16 appropriate to or for members or the propriate of the propriate	2					
organizations, foreign poverments, and foreign individuals. See Part IV, lines 15 and 16						
Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustoes, and key employees 116,395 96,529 9,595 10,271	3	Ţ Į				
## Benefits paid to or for members 116						
116,395. 96,529. 9,595. 10,271.						
trustees, and key employees 116,395, 96,529, 9,595, 10,271. Compensation not included above to disqualified persons (as defined under section 4958(n(1)) and persons described in section 4958(n(1)) and persons described in section 4958(n(3)(8)) 7 Other salaries and wages 350,271, 288,210, 31,226, 30,835. 8 Pension plan accruals and contributions (include sociol 4014) and 403(b) employer contributions) 9 Other employee benefits 11,952, 9,865, 2,087, 3,113, 2,917. 10 Payroli taxes 33,889, 27,859, 3,113, 2,917. 11 Fees for services (nonemployees): a Management 1,470, 210, 1,260, 2,917. c Accounting 10,399, 10,399, 10,399, 2,2917. 1 Investment management fees 10,399, 10,399, 2,2917. 1 Investment management fees 14,820, 2,2917. 1 Investment management fees 14,497, 12,627, 1,870, 2,2917. 2 Advertising and promotion 10,902, 10,508, 394, 2,2917. 3 Office expenses 27,840, 24,372, 2,824, 644, 4,497, 12,627, 1,870, 2,2917. 3 Office expenses 27,840, 24,372, 2,824, 644, 4,497, 1,497, 1,497, 1,491, 5,288, 154, 1,497, 1,497, 1,491, 5,288, 154, 1,497, 1,497, 1,491, 5,288, 154, 1,497, 1,491, 1,491, 1,497, 1,491, 1,497, 1,491, 1,497, 1,491,						
6 Compensation not included above to disqualified persons (as defined under acction 4958(n)(3)(8) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contribution 401(k) and 403(b) employer contribution 401(k) and 401(k) and 403(k) employer contribution 401(k) and 403(k) employer contribution 401(k) and	5		116 305	96 529	9 595	10 271
persons (as defined under section 4986()(1)) and persons described in section 498(c)(3)(8) 7 Other salaries and wages 8 Persion plan accruals and contributions (include section 491(x) and 493(b) employer contributions) 9 Other employee benefits 11,952, 9,865, 2,087, Payroll taxes 11,952, 9,865, 3,113, 2,917, 11 Fees for services (nonemployees): a Management b Legal 1,470, 210, 1,260, c Accounting 10,399, 10,399, 10,399, d Lobbying 10,399, 10,399, 10,399, e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (Iline 10g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0,1 22,873, 17,431, 5,288, 154. 13 Office expenses 27,840, 24,372, 2,824, 644. 14 Information technology 10,902, 10,508, 394. 15 Royalites 16 Occupancy 33,378, 28,169, 2,565, 2,644. 17 Trave 3,3378, 28,169, 2,565, 2,644. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials or any federal, state, or local public officials (Interest line 24e amount secrets) and montization fers of any federal, state, or local public officials (Interest line 24e amount secrets of Scholle (I)) and (Interest line 24e amount secrets (IV) of line 25, column (A) amount, list line 24e expenses on Scholle (I), amount, list line 24e expenses on Scholle (I), amount, list line 19 amount secrets (IV) of line 25, column (A) amount, list line 19 amount secrets (IV) of line 25, column (A) amount, list line 19 amount secrets (IV) of line 25, column (A) amount, list line 19 amount secrets (IV) of line 25, column (A) amount, list line 19 amount secrets (IV) of line 25, column (A) amount, list line 19 amount secrets (IV) of line 25, column (A) amount, list line 19 amount secrets (IV) of line 25, column (A) amount, list line 19 amount secrets (IV) of line 25, column (A) amount, list line 19 amount secrets (IV) of line 25, column (A) amount, list line 19 amount secrets (IV) of line 25, column (A) amount, list line 19 amount secrets (IV) of line 25, c	•		110,393.	90,529.	9,393.	10,271.
persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 11, 952. 9, 865. 2, 087. 10 Payroll taxes 11, 952. 9, 865. 2, 087. 11 Fees for services (nonemployees): 12 Management 13 Legal 14, 470. 210. 1, 260. 10, 399. 10, 399. 10 Lobbying 10 Lobbying 11, 470. 210. 1, 260. 10, 399. 10, 399. 11, 4820. 11, 4820. 11, 4820. 11, 4820. 12, 4820. 11, 4820. 12, 4820. 12, 4820. 14, 497. 12, 627. 1, 870. 13 Office expenses 14, 497. 12, 627. 1, 870. 14, 497. 12, 627. 1, 870. 14, 497. 12, 627. 1, 870. 15 Payroll taxes 16 Occupancy 17, 840. 24, 3772. 2, 824. 644. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments of affiliates 10 Payments to affiliates 10 Payments to affiliates 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Interest 11 Payments of affiliates 11 Payments of affiliates 12 Payments of affiliates 13 Payments of affiliates 14 Payments of affiliates 15 Payments of affiliates 16 Payments of affiliates 17 Payments of affiliates 18 Payments of affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments of affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments of affiliates 10 Payments of affilia	ь	· · ·				
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Section 401(k) and 403(b) employer contributions) Other employee benefits 11,952, 9,865, 2,087, 10 Payroll taxes 33,889, 27,859, 3,113, 2,917. 11 Fees for services (nonemployees): a Management Legal 1,470, 210, 1,260, c Accounting 10,399, 10,399, e Professional fundraising services. See Part IV, line 17 f Investment management fees Other, (ifline 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 10,902, 10,508, 394, 10,401, 81,105, 11,105,			330,2120		0=7==0	
9 Other employee benefits	J	· · · · · · · · · · · · · · · · · · ·				
10 Payroll taxes 33,889. 27,859. 3,113. 2,917. 11 Fees for services (nonemployees): a Management b Legal 1,470. 210. 1,260. c Accounting 10,399. 10,399. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 10,902. 10,508. 394. 13 Office expenses 27,840. 24,372. 2,824. 644. 14 Information technology 22,873. 17,431. 5,288. 154. 15 Royalfies 7,7440. 22,873. 17,431. 5,288. 154. 16 Occupancy 33,378. 28,169. 2,565. 2,644. 17 Travel 3,367. 3,358. 9. 18 Payments of travel or entertainment expenses for any feddral, state, or local public officials provided and travel or entertainment expenses for any feddral, state, or local public officials 19 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 69,904. 69,351. 280. 273. 18 Insurance 21 Payments to affiliates 21,977. 16,179. 5,798. 20 Interest 10 Occupancy 10,000 10,00	9		11,952.	9,865.		2,087.
11 Fees for services (nonemployees): a Management b Legal					3,113.	2,917.
b Legal	11					
b Legal	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 13 Office expenses 14,497. 12,627. 1,870. 14,497. 12,627. 1,870. 15 Advertising and promotion 10,902. 10,508. 394. 17 (Fine expenses) 17,840. 24,372. 2,824. 644. 16 Occupancy 22,873. 17,431. 5,288. 154. 15 Royalties 16 Occupancy 33,378. 28,169. 2,565. 2,644. 17 Travel 3,367. 3,358. 9. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 15 Expenses in the expenses not covered above (List miscellaneus expenses on inc 24e. If line 24e amount exceeds 10% of line 25e, column (A) amount, Ist line 24e expenses on Contrainable (a) amount, Ist line 24e expenses on Schedule (.) a Contributed household s b Maintenance and securit c Resident hardship expen d Business fees 9,254. 2,036. 7,188. 30. al other expenses. 10,401. 8,125. 1,338. 938. 5 Total functional expenses, Add lines 1 through 24e 828,260. 675,939. 85,797. 66,524.	_			210.		
Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 10,902. 10,508. 394. 13 Office expenses. 27,840. 24,372. 2,824. 644. 14 Information technology 22,873. 17,431. 5,288. 154. 15 Royalties 16 Occupancy 33,378. 28,169. 2,565. 2,644. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 69,904. 69,351. 280. 273. 13 Insurance 21,977. 16,179. 5,798. 14 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e expenses on Schedule 0.) 2 Contributed household s 35,164. 35,139. 0. 25. 2 Maintenance and securit 15,099. 15,099. 2 Resident hardship expen d Business fees 9,254. 2,036. 7,188. 30. 2 All other expenses. Itemize expenses. Add lines 1 through 24e 828,260. 675,939. 85,797. 66,524. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising spoilicitation. Check here	С		10,399.		10,399.	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 14,497. 12,627. 1,870.						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 27,840. 24,372. 2,824. 644. 11 Information technology 22,873. 17,431. 5,288. 154. 15 Royalties Cocupancy 33,378. 28,169. 2,565. 2,644. 17 Travel 3,367. 3,358. 9. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 11 Insurance 22 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 All other expenses 29 All other expenses 30,367. 3,358. 9. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 40 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 20 Contributed household s 35,164. 35,139. 0. 25. 35,164. 35,139. 0. 25. 40 Maintenance and securit C Resident hardship expen 41 Business fees 9,254. 2,036. 7,188. 30. 25 Total functional expenses. Add lines 1 through 24e 828,260. 675,939. 85,797. 66,524. 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 In following SOP 98-2 (ASC 958-720)	е	Professional fundraising services. See Part IV, line 17	14,820.			14,820.
Column (A) amount, list line 11g expenses on Sch 0. 14 , 497 .						
12 Advertising and promotion 10,902, 10,508, 394, 13 Office expenses 27,840, 24,372, 2,824, 644. 14 Information technology 22,873, 17,431, 5,288, 154. 15 Royalties 16 Occupancy 33,378, 28,169, 2,565, 2,644. 17 Travel 3,367, 3,358, 9, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) 2 Contributed household s 35,164, 35,139, 0, 25. 35 Maintenance and securit c Resident hardship expen d Business fees e All other expenses 10,401, 8,125, 1,338, 938. 25 Total functional expenses. Add lines 1 through 24e action (Check here	g		14 405	10 605	1 050	
13 Office expenses						
14						611
15						
16 Occupancy 33,378. 28,169. 2,565. 2,644. 17 Travel 3,367. 3,358. 9. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 3,802. 266. 2,650. 886. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 59,904. 69,351. 280. 273. 21 Insurance 21,977. 16,179. 5,798. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Contributed household s			22,013.	17,431.	3,200.	134.
17 Travel			33 378	28 169	2 565	2 644
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 on tovered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Contributed household s b Maintenance and securit c Resident hardship expen d Business fees e All other expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						2,044.
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 (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Contributed household s b Maintenance and securit c Resident hardship expen d Business fees e All other expenses. Add lines 1 through 24e 5 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 in findlowing SOP 98-2 (ASC 958-720)			3,307	3,3301		
19 Conferences, conventions, and meetings 3,802. 266. 2,650. 886. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 69,904. 69,351. 280. 273. 21 Insurance 21,977. 16,179. 5,798. 22 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Contributed household s b Maintenance and securit c Resident hardship expen d Business fees 9,254. 2,036. 7,188. 30. e All other expenses 10,401. 8,125. 1,338. 938. 25 Total functional expenses. Add lines 1 through 24e 828,260. 675,939. 85,797. 66,524. 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	10	-				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Contributed household s b Maintenance and securit c Resident hardship expen d Business fees e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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	19		3,802.	266.	2,650.	886.
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Contributed household s b Maintenance and securit c Resident hardship expen d Business fees All other expenses Total functional expenses. Add lines 1 through 24e 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 insurance 21,977. 16,179. 5,798. 21,977. 16,179. 5,798. 23,799. 0. 25. 25,799. 0. 25. 26,7999. 15,099. 15,099. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		F	,	-	·	
Depreciation, depletion, and amortization Insurance 21,977. 16,179. 5,798. 23						
Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Contributed household s b Maintenance and securit c Resident hardship expen d Business fees All other expenses Total functional expenses. Add lines 1 through 24e 21,977. 16,179. 5,798. 21,977. 16,179. 5,798. 21,977. 16,179. 5,798. 21,977. 16,179. 5,798. 22,036. 25,799. 23,189. 0. 25. 25. 0. 25. 26,199. 15,099. 15,099. 15,099. 20. 26,10,606. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.						273.
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Contributed household s b Maintenance and securit c Resident hardship expen d Business fees e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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)	23	Insurance	21,977.	16,179.	5,798.	
b Maintenance and securit c Resident hardship expen d Business fees e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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) 10,606. 10,606. 0. 0. 9,254. 2,036. 7,188. 30. 828,260. 675,939. 85,797. 666,524.	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
c Resident hardship expen 10,606. 10,606. 0. 0. d Business fees 9,254. 2,036. 7,188. 30. e All other expenses 10,401. 8,125. 1,338. 938. 25 Total functional expenses. Add lines 1 through 24e 828,260. 675,939. 85,797. 66,524. 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) 66,524.	а				0.	25.
Business fees e All other expenses Total functional expenses. Add lines 1 through 24e 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	b					
e All other expenses 10,401. 8,125. 1,338. 938. 25 Total functional expenses. Add lines 1 through 24e 828,260. 675,939. 85,797. 66,524. 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)	С				~ -	
Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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)	d					
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)						
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			828,260.	6/5,939.	85,/97.	00,524.
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26					
Check here if following SOP 98-2 (ASC 958-720)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
932010 01-20-20 Form 990 (2019)	0000	<u> </u>				Form 990 (2019)

Pa	πλ	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	125,770.	1	125,234		
	2	Savings and temporary cash investments			256,159.	2	265,021
	3	Pledges and grants receivable, net	16,885.	3	13,605		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			5,975.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,451,024.			
	b	Less: accumulated depreciation	10b	461,393.	942,682.	10c	989,631
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33	3)	1,347,471.	16	1,393,491
	17	Accounts payable and accrued expenses			37,992.	17	49,657
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or fo					
≝		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24).	Complete Part X			
		of Schedule D			37,992.	25	49,657
	26	Total liabilities. Add lines 17 through 25			31,334.	26	49,037
S		Organizations that follow FASB ASC 958, c	heck here				
Š	0.7	and complete lines 27, 28, 32, and 33.			1,185,125.	07	1,318,725
3ale	27	Net assets without donor restrictions			124,354.	27 28	25,109
뒫	28	Net assets with donor restrictions			124,334.	28	23,103
Ĕ		Organizations that do not follow FASB ASC	, 958, cne	ck nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33.	40			20	
ets	29	Capital stock or trust principal, or current fund			29		
4SS	30	Paid-in or capital surplus, or land, building, or				30	
et/	31	Retained earnings, endowment, accumulated			1,309,479.	31	1,343,834
Z	32	Total liabilities and not seem of thind belonges			1,347,471.	32	1,393,491
	33	Total liabilities and net assets/fund balances			1,541,411.	33	1,333,431

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		8,7					
2	Total expenses (must equal Part IX, column (A), line 25)	2			60. 75.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4								
5	Net unrealized gains (losses) on investments	5		_	84.				
6	Donated services and use of facilities	6		4,1	64.				
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10 1								
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 X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit							
	Act and OMB Circular A-133?		. 3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b						

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Name of the organization Employer identification number The Dwelling Place 41-1897793 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	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)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2010	(6) 2010	(6) 2017	(4) 2010	(6) 2013	(i) rotai
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		1			10	
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	•			-	. , . ,	
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage				P
	Public support percentage for 2019 (li			column (f))		14	
	Public support percentage from 2018					15	
	33 1/3% support test - 2019. If the or						
104	stop here. The organization qualifies a	•		•		•	
h	33 1/3% support test - 2018. If the or						
	and stop here. The organization qualit						N3 DOX
172	10% -facts-and-circumstances test						or more
. <i>r</i> a	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					-	
h	10% -facts-and-circumstances test						
D	more, and if the organization meets th	_					
	organization meets the "facts-and-circ				-		
12	Private foundation. If the organization						
	i invate iounidation. Il the organization	i did not oncor a	DON OIT III TO, TO	a, 100, 17a, 01 17	D, OHOUR HIS DUX C	and see manucher	·

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.)

6-	qualify under the tests listed b	CIOW, PICASE CUITIP	note i ait II.)				
	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	663,363.	673,253.	982,321.	1134644.	889,917.	4343498.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that related to the organization tax exempts by the services of the content of the conten	13,374.	15,789.	17,857.	7,635.	15,274.	69,929.
^	organization's tax-exempt purpose	13,3/4	13,109.	11,0010	7,055.	13,214.	00,049.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
4	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	676,737.	689,042.	1000178.	1142279.	905,191.	4413427.
	Amounts included on lines 1, 2, and	-					
-	3 received from disqualified persons	54,663.	50,644.	58,556.	94,937.	45,409.	304,209.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	,	·	·	·	,	0.
	amount on line 13 for the year Add lines 7a and 7b	54,663.	50,644.	58,556.	94,937.	45,409.	
		J = , 005 •	55,544.	55,550.	J = 1 J J 1 •	10, 100	4109218.
Se	Public support. (Subtract line 7c from line 6.)						1
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	676,737.	689,042.	1000178.	1142279.	(e) 2019 905,191.	4413427.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	53.	109.	202.	281.	885.	1,530.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	53.	109.	202.	281.	885.	1,530.
11	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	10 162	49,030.	50 /51	23,440.	22,368.	163 452
	assets (Explain in Part VI.)	18,163.	738,181.	50,451.	1166000.	_	163,452.
	Total support. (Add lines 9, 10c, 11, and 12.)	694,953.				928,444.	4578409.
14	First five years. If the Form 990 is for	r the organization's	s tirst, second, thir	d, tourth, or fifth ta	ıx year as a sectio	n 501(c)(3) organiz	zation,
							►
<u></u>	check this box and stop here	is Comment D					>
	ction C. Computation of Publ		rcentage				90.75
15	ction C. Computation of Publ Public support percentage for 2019 (line 8, column (f), d	rcentage livided by line 13, o			15	89.75 %
15 16	ction C. Computation of Publ Public support percentage for 2019 (I Public support percentage from 2018	line 8, column (f), d Schedule A, Part	rcentage livided by line 13, o III, line 15				89.75 % 89.11 %
15 16	ction C. Computation of Publ Public support percentage for 2019 (I Public support percentage from 2018 ction D. Computation of Inves	line 8, column (f), d 3 Schedule A, Part stment Incom	rcentage livided by line 13, o III, line 15 e Percentage	column (f))		15 16	89.11 %
15 16 Se 17	Public support percentage for 2019 (In Public support percentage from 2018 Country Street Public support percentage from 2018 Country Street Public support percentage for 2018 Investment income percentage for 2018	ine 8, column (f), d 3 Schedule A, Part stment Income 19 (line 10c, colum	rcentage livided by line 13, of lill, line 15 e Percentage nn (f), divided by line	column (f))		15 16	89.11 %
15 16 Sec 17	Public support percentage for 2019 (Investment income percentage from 2018) Public support percentage from 2018 Ction D. Computation of Investment income percentage for 20 Investment income percentage from 20	ine 8, column (f), d 3 Schedule A, Part stment Income 19 (line 10c, colum 2018 Schedule A,	rcentage livided by line 13, of lill, line 15	ne 13, column (f))		15 16 17 18	89.11 % .03 % .02 %
15 16 Sec 17	Public support percentage for 2019 (In Public support percentage from 2018 ction D. Computation of Investment income percentage from 2018 Investment income percentage from 2018 at 33 1/3% support tests - 2019. If the	ine 8, column (f), d 3 Schedule A, Part stment Income 19 (line 10c, colum 2018 Schedule A, organization did n	rcentage livided by line 13, of lill, line 15 e Percentage nn (f), divided by line 17 ot check the box of	ne 13, column (f))	15 is more than 3	15 16 17 18 3 1/3%, and line 1	89.11 % .03 % .02 % 17 is not
15 16 Sec 17 18 19	Public support percentage for 2019 (In Public support percentage from 2018 ction D. Computation of Investment income percentage from 2018 Investment income percentage from 2018 a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box a	ine 8, column (f), d Schedule A, Part stment Income 19 (line 10c, colum 2018 Schedule A, organization did n nd stop here. The	rcentage livided by line 13, of lill, line 15 e Percentage on (f), divided by line 17 ot check the box of lill, line 17 organization qualification	ne 13, column (f)) on line 14, and line ies as a publicly si	15 is more than 3	15 16 17 18 3 1/3%, and line 1	89.11 % .03 % .02 % 17 is not
15 16 Sec 17 18 19	Public support percentage for 2019 (In Public support percentage from 2018 ction D. Computation of Investment income percentage from 2018 Investment income percentage from 2018 at 33 1/3% support tests - 2019. If the	ine 8, column (f), d Schedule A, Part stment Income 19 (line 10c, colum 2018 Schedule A, organization did n nd stop here. The organization did n	rcentage livided by line 13, of lill, line 15 e Percentage on (f), divided by line 17 ot check the box of corganization qualified of check a box on	ne 13, column (f)) on line 14, and line ies as a publicly si line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	15 16 17 18 13 1/3%, and line 1 tion 1/3%, a	89.11 % .03 % .02 % 17 is not X and

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	Sa		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	0.		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-E7	2019

Pa	rt IV Supporting Organizations (continued)			.g
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	!-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL.		
9	activities but for the organization's involvement. Perent of Supported Organizations Answer (a) and (b) holow	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		Ja		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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-functiona	ly integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organic	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exc			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
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	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The Dwelling Place

Employer identification number 41-1897793

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the or			
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).		
	Preservation of land for public use (for example, recre	ation or education) Preservation of	a historically	important land area
	Protection of natural habitat	Preservation of	a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre	
	listed in the National Register			
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	asement is located >		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservat	tion easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170((h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the foot	tnote to the organization's financial stateme	ents that des	scribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of		ther Simi	ar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement a	nd balance	sheet works
	of art, historical treasures, or other similar assets held for pu	ıblic exhibition, education, or research in fu	rtherance of	public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 9	•		
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth	erance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	l gain, provid	le
	the following amounts required to be reported under FASB	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part Y		.	¢

		lling Plac						<u>-1897</u>		
Pai	rt III Organizations Maintaining C	Collections of A	rt, Histo	rical Tre	easures, o	r Other	Similar A	Assets(d	ontinue	d)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following that	make sig	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	c	I 🗌 Lo	oan or excl	nange progra	m				
b	Scholarly research	e	e 🔲 01	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizatio	n's exem _l	ot purpose i	n Part XII	I.	
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical treas	sures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be m	aintained as part of	the organiz	zation's co	llection?			Y	es 🗌	No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	rganizatio	n answered "	Yes" on F	orm 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ontribution	s or other ass	sets not in	cluded		_	
	on Form 990, Part X?							🔲 Y	es [No
b	If "Yes," explain the arrangement in Part XIII									
								An	nount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						ı?	Y	es	No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanation	has been	provided on I	Part XIII .				
Pai	rt V Endowment Funds. Complete i	f the organization ar	nswered "\	es" on Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) Prid	or year	(c) Two years	back (d) Three years	back (e	Four yea	ırs back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses								,	
d	Grants or scholarships								,	
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g,	column (a	i)) held as:	•		•		
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administer	ed for the	organizatio	n		
	by:	_							Ye	s No
	(i) Unrelated organizations							[3	Ba(i)	
	(ii) Related organizations							3	a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a. S	ee Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or c		(b) Cost			umulated	(d)	Book va	lue
	,	basis (investr		basis ((other)	depre	eciation	` '		
1a	Land			16	0,256.				160,	256.
	Buildings				7,526.	15	74,537		712,	
	Leasehold improvements				0,500.		30,500			0.
	Equipment				7,946.		98,391		89,	555.
	Other				4,796.		7,965			831.
	Add lines 1a through 1a (Column (d) must s		V oolumaa		•			1		631.

Schedule D (Form 990) 2019 The Dwellin	g Place	41	-1897793 _{Page} :
Part VIII Investments - Other Securities.	E 000 B 1 11 / 11	141 O F 200 D IV II 40	
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 end	of year market value
(A) =1	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(1) D
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	<u> </u>		
Part X Other Liabilities.	e 10.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

(9)

Sche	edule D (Form 990) 2019 The Dwelling Place			41-18	397793 _{Page} 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Stat		Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			065 655
1				1	865,655
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	204		
а	, , , , , , , , , , , , , , , , , , , ,		-284. 7,204.	-	
b	Donated services and use of facilities		7,204.	-	
С	Recoveries of prior year grants				
d				1	6 920
e	J			2e	6,920 858,735
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	030,733
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
				-	
b		<u>"</u>		10	0
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			4c	858,735
	rt XII Reconciliation of Expenses per Audited Financial Sta			_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		-xpoilede per		•
1	Total expenses and losses per audited financial statements			1	831,300
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	•
a		2a	3,040.		
b					
С	Other losses				
d					
е	Add lines 2a through 2d	<u>"</u>		2e	3,040
3	Subtract line 2e from line 1			3	828,260
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	828,260
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 $$; Part IV, lines 1b a	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 an	y additional inform	ation.		
D	at v time 0				
Pai	rt X, Line 2:				
шЬ	Organization is assembly from insome too		Coation F	:01/~	\(2\ of
1.116	e Organization is exempt from income tax	kes under	Section 5	01(6))(3) OL
+ha	e Internal Revenue Code and Minnesota S	-atute 200) 05 Beca	1100 t	-he
<u> </u>	e internar kevende code and minnesota b	acute 230	7.03. Beca	use (2116
Org	ganization is a public charity, contribu	tions to	it may be	dedi	ıctible
foi	r tax purposes.				
	<u> </u>				
	nagement believes that it is not reasona				
pos	sition benefits to increase or decrease	significa	antly over	the	next 12
moı	nths.				

As of December 31, 2019, there were no income tax related accrued interest or penalties recognized in either the statement of financial position or

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization The Dwelling Place 41-1897793 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2019 The Dwelling Place 41-1897793 Page 2 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. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events None (add col. (a) through Ga1a col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 328,137. 328,137. 306,632. 306,632. 2 Less: Contributions 21,505. 21,505. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 16,164. 16,164. 6 Rent/facility costs 28,296. 28,296. 7 Food and beverages 5,758. 5,758. 8 Entertainment 23,239. 23,239. 9 Other direct expenses 73,457. 10 Direct expense summary. Add lines 4 through 9 in column (d) -51,952. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "No," explain:

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2019 The Dwelling Place 41-1	8975	793	Page 3								
	Does the organization conduct gaming activities with nonmembers?	$\overline{}$	/es	☐ 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?		⁄es	☐ No								
13	Indicate the percentage of gaming activity conducted in:		163	110								
	The organization's facility	13a		%								
	o An outside facility	-		//								
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		70								
	Name											
	Address											
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es/	☐ No								
k	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount											
	of gaming revenue retained by the third party \$\bigs\\$											
(If "Yes," enter name and address of the third party:											
	Name N											
	Name											
	Address											
16	Gaming manager information:											
	Name											
	Gaming manager compensation > \$											
	Description of services provided											
	Director/officer Employee Independent contractor											
	Mandatory distributions:											
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	П,	_	□								
	retain the state gaming license?	Ш Ү	res	└── No								
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the											
Do	organization's own exempt activities during the tax year > \$. 4. 111 - C	0	0- 10-								
Г	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, IIn	es 9,	90, 100,								
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.											

Schedule G	G (Form 990 or 990-EZ)	The Dwelling	, Place	41-1897793	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization The Dwelling Place Employer identification number 41-1897793

	The Dwelling	TTACE			3.7	-1031133
Pa	rt I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of	(d) determining ribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	X				value of d
5	Clothing and household goods	X		19,850.	Retail or	donor valu
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
12	trust interests Securities - Miscellaneous					
13	Qualified conservation contribution -					
13						
44	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles	X	,	204	Datail an	dana
19	Food inventory		3	304.	Retail or	donor valu
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts			65.450	<u> </u>	
25	Other (Building Impr)	X	25		Retail va	
26	Other (Furniture)	X	16			donor valu
27	Other (Professional)	X	4		Donor val	
28	Other ► (Crafts & Even)	X	23	3,538	Retail or	donor valu
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions		
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		
						Yes No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 throu	igh 28, that it	
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be	used for	
	exempt purposes for the entire holding period	?				30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31 X
32a	Does the organization hire or use third parties					"
	contributions?		•	• •		32a X
h	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	v for which column (a) is ch	ecked.	
	describe in Part II.	22.4 (0) 10	, po oi piopoit	, .s. m.nom solumin (a) 15 om		
	GOOGHOO HIT GIVII.					

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:
Children's Toys
(a) Check if applicable = X
(b) Number of Contributions = 6
(c) Revenue Reported on Form 990, Part VIII \$ 3024.
(d) Method of determining revenue: Donor value
School Supplies for Children
(a) Check if applicable = X
(b) Number of Contributions = 2
(c) Revenue Reported on Form 990, Part VIII \$ 950.
(d) Method of determining revenue: Retail value
Appliances
(a) Check if applicable = X
(b) Number of Contributions = 3
(c) Revenue Reported on Form 990, Part VIII \$ 820.
(d) Method of determining revenue: Retail value
Electronics
(a) Check if applicable = X
(b) Number of Contributions = 4
(c) Revenue Reported on Form 990, Part VIII \$ 650.
(d) Method of determining revenue: Retail or donor value
Outdoor Improvements
(a) Check if applicable = X

Part	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.
(b)	Number of Contributions = 3
(c)	Revenue Reported on Form 990, Part VIII \$ 641.
<u>(d)</u>	Method of determining revenue: Donor value
Off:	ice Supplies and Furniture
<u>(a)</u>	Check if applicable = X
<u>(b)</u>	Number of Contributions = 2
(c)	Revenue Reported on Form 990, Part VIII \$ 236.
(d)	Method of determining revenue: Retail value

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Dwelling Place

Form 990, Part III, Line 2, New Program Services:

Employer identification number 41-1897793

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

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

In September of 2019, we launched a new Alumni program to ensure sustained freedom from abuse and to track the long-term outcomes of residents who have transitioned from The Dwelling Place. We offer a higher level of intentional support through mentorship, monthly case management, monthly support group, and quarterly activities.

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

the 72 people served, 48% were African American, 26% Caucasian, 10%

Caucasian, Native American, 6% Hispanic, 4% Latino/African American, 3%

African American/Native American, 3% African. Children ranged in age

from new born to 17 years, 17 boys and 26 girls; 100% below the poverty

line and considered homeless by the state of Minnesota. We received

calls for help from 414 women with 299 children.

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.

Name of the organization
The Dwelling Place

Employer identification number
41-1897793

and have value. The goal is to promote healing from trauma and 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.

Name of the organization The Dwelling Place	Employer identification number 41-1897793
Form 990, Part VIII	
Revenue and expenses do not include \$7,204 and \$3,040, re	espectively,
for donated services used by The Dwelling Place.	
Form 990, Part XII, Line 2c	
The process has not changed from the prior year.	