

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 101 SHELDON BLVD SE STE 2
 City or town, state or province, country, and ZIP or foreign postal code
 GRAND RAPIDS, MI 495034262

D Employer identification number
 38-2313832

E Telephone number
 (616) 454-0928

F Name and address of principal officer:
 DENNIS STURTEVANT
 101 SHELDON BLVD SE STE 2
 GRAND RAPIDS, MI 495034262

G Gross receipts \$ 8,561,448

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.DWELLINGPLACEGR.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1980 **M** State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE MISSION OF DWELLING PLACE IS TO IMPROVE THE LIVES OF PEOPLE BY CREATING QUALITY AFFORDABLE HOUSING, PROVIDING ESSENTIAL SUPPORT SERVICES AND SERVING AS A CATALYST FOR NEIGHBORHOOD REVITALIZATION.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	85
6 Total number of volunteers (estimate if necessary)	6	402
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,686,465	3,714,397
9 Program service revenue (Part VIII, line 2g)	2,380,807	3,820,768
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	261,615	593,122
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-21,959
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,328,887	8,106,328
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,500	6,700
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,039,535	2,417,602
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,868		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,790,212	1,792,136
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,836,247	4,216,438
19 Revenue less expenses. Subtract line 18 from line 12	4,492,640	3,889,890

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	43,183,589	47,856,210
21 Total liabilities (Part X, line 26)	1,736,923	1,963,217
22 Net assets or fund balances. Subtract line 21 from line 20	41,446,666	45,892,993

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.

Sign Here

Signature of officer: *****
 Date: 2020-11-11

DENNIS STURTEVANT CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-11-11 Check if self-employed PTIN: P00184517

Firm's name ▶ BEENE GARTER LLP Firm's EIN ▶ 38-1337372

Firm's address ▶ 56 GRANDVILLE AVE SW STE 100 Phone no. (616) 235-5200
 GRAND RAPIDS, MI 49503

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:

DWELLING PLACE CONTINUES TO FULFILL ITS MISSION BY DEVELOPING, OWNING AND MANAGING MORE THAN 1,200 AFFORDABLE HOUSING UNITS FOR LOW AND MODERATE INCOME FAMILIES. DURING 2019, MORE THAN 1,449 HOUSEHOLDS BENEFITED FROM DWELLING PLACE HOUSING PROGRAMS INCLUDING MORE THAN 621 PREVIOUSLY HOMELESS INDIVIDUALS. IN ITS EFFORTS TO REVITALIZE NEIGHBORHOODS, DWELLING PLACE HAS DEVELOPED AND MANAGES MORE THAN 40 COMMERCIAL SPACES, LEASING BOTH TO NOT-FOR-PROFIT ORGANIZATIONS AND FOR-PROFIT BUSINESSES THAT OFFER CRITICAL SERVICES AND CREATE JOBS IN THE NEIGHBORHOODS WHERE DWELLING PLACE IS PRESENT. DWELLING PLACE ALSO OFFERS CRITICAL SOCIAL SERVICES FOR RESIDENTS WHO MAY REQUIRE THOSE SERVICES TO MAINTAIN HOUSING STABILITY AND IMPORTANT BUSINESS SUPPORT TO SMALL AND START-UP BUSINESSES IN THE NEIGHBORHOODS WHERE IT WORKS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 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.

4a (Code:) (Expenses \$ 573,415 including grants of \$ 6,700) (Revenue \$ 2,643,834)
See Additional Data

4b (Code:) (Expenses \$ 590,026 including grants of \$) (Revenue \$ 301,531)
See Additional Data

4c (Code:) (Expenses \$ 1,352,836 including grants of \$) (Revenue \$ 875,403)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,516,277

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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	Yes	
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
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		No
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		No
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 (see instructions)		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: STEVE RECKER 101 SHELTON BLVD SE STE 2 GRAND RAPIDS, MI 495034540 (616) 454-0928

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, or 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNAMARIE BULLER CHAIRPERSON	1.00	X		X			0	0	0	
(2) DAVID A BYERS VICE-CHAIRPERSON & TREASUR	1.00	X		X			0	0	0	
(3) FRANCINE GASTON SECRETARY	1.00	X		X			0	0	0	
(4) RENEE WILLIAMS BOARD MEMBER	1.00	X					0	0	0	
(5) MICHAEL MCDANIELS FORMER BOARD MEMBER	1.00	X					0	0	0	
(6) JUAN DANIEL CASTRO BOARD MEMBER	1.00	X					0	0	0	
(7) KYLE IRWIN BOARD MEMBER	1.00	X					0	0	0	
(8) PETER VANDER VEEN FORMER BOARD MEMBER	1.00	X					0	0	0	
(9) TOMMIE WALLACE BOARD MEMBER	1.00	X					0	0	0	
(10) LARRY TITLEY BOARD MEMBER	1.00	X					0	0	0	
(11) LATARRO TRAYLOR FORMER BOARD MEMBER	1.00	X					0	0	0	
(12) RICHARD STEVENS BOARD MEMBER	1.00	X					0	0	0	
(13) MARVIN THOMAS BOARD MEMBER	1.00	X					0	0	0	
(14) THOMAS CARPENTER BOARD MEMBER	1.00	X					0	0	0	
(15) RICH KOGELSCHATZ BOARD MEMBER	1.00	X					0	0	0	
(16) SADIE ERICKSON BOARD MEMBER	1.00	X					0	0	0	
(17) GIL SEGOVIA BOARD MEMBER	1.00	X					0	0	0	

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a MANAGEMENT FEES, 2b REAL ESTATE DEV. INCOM, 2c RESID/COMMERCIAL RENTS, 2d REAL ESTATE RENTAL INC, 2e CASE MANAGEMENT FEES, 2f All other program service revenue, and 2g Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8c Net income from fundraising events, 9a-9c Net income from gaming activities, 10a-10c Net income from sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,700	6,700		
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, trustees, and key employees	488,668	369,463	99,803	19,402
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,479,686	589,269	845,301	45,116
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	45,124	21,611	22,320	1,193
9 Other employee benefits	246,555	174,506	65,634	6,415
10 Payroll taxes	157,569	100,213	52,696	4,660
11 Fees for services (non-employees):				
a Management				
b Legal	51,074	33,745	17,329	
c Accounting	63,612		63,612	
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 Schedule O)	194,248	100,404	92,957	887
12 Advertising and promotion				
13 Office expenses	146,898	69,621	72,084	5,193
14 Information technology				
15 Royalties				
16 Occupancy	630,120	556,301	73,337	482
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,085	37,834	35,117	134
20 Interest	23,718	16,245	7,473	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	339,089	234,610	104,479	
23 Insurance	24,445	12,876	11,569	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	162,949	155,784	7,165	
b COMPUTER CONSULTING	47,235	19,208	27,641	386
c MISCELLANEOUS	14,678	2,208	12,470	
d PROJECT SPECIFIC EXPENS	14,529	14,529		
e All other expenses	6,456	1,150	5,306	
25 Total functional expenses. Add lines 1 through 24e	4,216,438	2,516,277	1,616,293	83,868
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,212,874	1	4,236,401
	2 Savings and temporary cash investments	942,105	2	593,957
	3 Pledges and grants receivable, net	137,500	3	564,360
	4 Accounts receivable, net	2,672,100	4	3,266,616
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	15,362,829	7	15,031,715
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,819	9	4,229
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,926,062		
	b Less: accumulated depreciation	3,778,320		
	11 Investments—publicly traded securities	6,906,907	11	8,142,622
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	9,486,561	13	9,580,616
	14 Intangible assets	258,897	14	287,952
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,183,589	16	47,856,210	
Liabilities	17 Accounts payable and accrued expenses	411,799	17	690,058
	18 Grants payable		18	
	19 Deferred revenue	24,242	19	41,069
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	396,450	23	327,658
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	904,432	25	904,432
	26 Total liabilities. Add lines 17 through 25	1,736,923	26	1,963,217
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	40,876,213	27	44,869,679
	28 Net assets with donor restrictions	570,453	28	1,023,314
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	41,446,666	32	45,892,993	
33 Total liabilities and net assets/fund balances	43,183,589	33	47,856,210	

Part 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	8,106,328
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,216,438
3	Revenue less expenses. Subtract line 2 from line 1	3	3,889,890
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,446,666
5	Net unrealized gains (losses) on investments	5	970,860
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-414,423
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,892,993

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 38-2313832

Name: DWELLING PLACE OF GRAND RAPIDS NONPROFIT
HOUSING CORPORATION

Form 990 (2019)

Form 990, Part III, Line 4a:

DWELLING PLACE PROVIDES AFFORDABLE RENT RESTRICTED HOUSING TO OVER 1,449 LOW INCOME HOUSEHOLDS IN WEST MICHIGAN, ASSISTS HOUSEHOLDS IN ACCESSING SUPPORT SERVICES WHEN REQUESTED, AND OPERATES COMMUNITY AND ECONOMIC DEVELOPMENT PROGRAMS IN THE AREA. DWELLING PLACE LEASES OVER 40 COMMERCIAL SPACES. DURING 2019, DWELLING PLACE CONTINUED ITS DEVELOPMENT ACTIVITY IN SEVERAL PROJECTS. DWELLING PLACE BEGAN CONSTRUCTION OF TWO PROJECTS. THE FIRST PROJECT IS 1138 PINE AVENUE, CONSISTS OF 23 TAX CREDIT UNITS, THIS PROJECT WILL HAVE 11 SECTION 8 PROJECT BASED VOUCHERS, 6 OF THOSE VOUCHERS WILL SERVE SURVIVORS OF DOMESTIC VIOLENCE. THE SECOND PROJECT, HARRISON PARK APARTMENTS, CONSISTS OF 45 TAX CREDIT UNITS, THIS PROJECT WILL HAVE 23 SECTION 8 PROJECT BASED VOUCHERS, 12 OF THOSE VOUCHERS WILL SERVE SURVIVORS OF DOMESTIC VIOLENCE. THESE TWO PROJECTS ARE WITHIN AN AREA IN WHICH THE SCHOOLS HAVE A CHALLENGE SCHOLARS PROGRAM THROUGH THE GRAND RAPIDS COMMUNITY FOUNDATION, WHICH PROVIDES 4 YEARS OF TUITION FREE COLLEGE FOR STUDENTS WHO MEET THE CRITERIA. DWELLING PLACE WAS AWARDED TAX CREDITS ON 2 MORE PROJECTS ON THE WEST SIDE OF THE CITY OF GRAND RAPIDS, THE FIRST PROJECT, GRANDVILLE AVENUE, CONSISTS OF 24 TAX CREDIT UNITS, THE SECOND PROJECT, FRANKLIN AVENUE APARTMENTS, CONSISTS OF 24 TAX CREDIT UNITS. ALL PROJECTS ARE LOCATED IN AN AREA WITH A SHORTAGE OF AFFORDABLE HOUSING. BOTH PROJECTS ARE FAMILY HOUSING CONSISTING ON TWO AND THREE BEDROOMS. DWELLING PLACE ALSO RECEIVED TAX CREDITS TO RESYNDICATE ONE OF OUR EXISTING PROJECTS FERGUSON APARTMENTS. THIS PROJECT SERVES INDIVIDUALS WHO ARE HOMELESS AND DISABLED, WITH AT LEAST 70 UNITS SERVING CRONICALLY HOMELESS INDIVIDUALS. FERGUSON APARTMENTS PREVIOUSLY CONSISTED OF 101 TAX CREDIT UNITS AND 100 SECTION 8 UNITS. THE NEW PROJECT WILL CONSIST OF 119 TAX CREDIT UNITS, 100 OF THOSE UNITS WILL REMAIN SECTION 8 THROUGH A RAD CONVERSION. THIS PROJECT IS ALSO RECEIVING HISTORIC PRESERVATION AND SOLAR TAX CREDITS.

Form 990, Part III, Line 4b:

DWELLING PLACE OF GRAND RAPIDS PROVIDES SUPPORT SERVICES, INCLUDING CASE MANAGEMENT, TO LOW INCOME AND SINGLE PARENT HOUSEHOLDS. DURING 2019, DWELLING PLACE SUPPORT SERVICES WERE AVAILABLE TO 908 INDIVIDUALS RESIDING IN 12 OF ITS RENTAL LOCATIONS. SUPPORT SERVICES PROVIDES RESOURCES TO INDIVIDUALS ONE ON ONE AND HAVE MANY LIFE SKILL CLASSES AND COURSES THAT RESIDENTS CAN ATTEND. SOME EXAMPLES INCLUDE A STRONG BONE CLASS, NUTRITIONAL AND COOKING CLASSES, DIABETES PREVENTION AND EMPLOYMENT SKILLS CLASSES.

Form 990, Part III, Line 4c:

DWELLING PLACE PROVIDES NEIGHBORHOOD REVITALIZATION ALONG SIDE COMMUNITY BUILDING AND ENGAGEMENT EFFORTS TO ENHANCE COMMUNITY, STREETS CAPES, PARKS AND ENCOURAGE LOCAL BUSINESS DEVELOPMENT EFFORTS. TO FURTHER OUR EFFORTS IN COMMUNITY SUPPORT, DWELLING PLACE SUPPORTS RESIDENT LEADERSHIP, LIFESKILLS, ARTS AND GARDENING INITIATIVES IN COMMUNITIES WE SERVE. IN ADDITION TO OUR ONGOING AND NEW HOUSING AND DEVELOPMENT ACTIVITIES, DWELLING PLACE IS FREQUENTLY CALLED ON TO MAKE PRESENTATIONS AND TO CONSULT WITH OTHER COMMUNITY DEVELOPMENT CORPORATIONS THAT ARE EXPLORING THE DEVELOPMENT OF VARIOUS HOUSING AND NEIGHBORHOOD REVITALIZATION PROGRAMS.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization
DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION

Employer identification number
38-2313832

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)**.
- 4 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:
- 5 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)**.
- 7 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.)
- 9 An agricultural research organization described in **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 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.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 grant.") . . .	6,771,461	4,203,284	2,022,061	5,806,465	3,714,397	22,517,668
2 Tax revenues levied for the organization'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	6,771,461	4,203,284	2,022,061	5,806,465	3,714,397	22,517,668
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						22,517,668

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	6,771,461	4,203,284	2,022,061	5,806,465	3,714,397	22,517,668
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	56,634	241,450	378,457	397,801	647,369	1,721,711
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	73,868	4,220	253,280		1,247	332,615
11 Total support. Add lines 7 through 10						24,571,994
12 Gross receipts from related activities, etc. (see instructions)					12	12,725,022

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	91.640 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	92.500 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		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? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	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	
Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (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	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e 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:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c 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. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is 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:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	SPECIAL EVENTS - 2015 AMOUNT: \$ -16,999. 2016 AMOUNT: \$ 3,432. 2019 AMOUNT: \$ 1,247. MISCELLANEOUS - 2016 AMOUNT: \$ 788. 2017 AMOUNT: \$ 260. LAUNDRY AND OTHER CHARGES - 2015 AMOUNT : \$ 90,867. INSURANCE PROCEEDS - 2017 AMOUNT: \$ 253,020.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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

Name of the organization DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION

Employer identification number 38-2313832

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets for financial gain, with dollar amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		406,781		406,781
b Buildings		6,361,817	2,934,914	3,426,903
c Leasehold improvements		1,554,069	361,864	1,192,205
d Equipment		533,403	481,542	51,861
e Other		1,069,992		1,069,992
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				6,147,742

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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
See Additional Data Table		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	9,580,616	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	904,432

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data**Software ID:****Software Version:****EIN:** 38-2313832**Name:** DWELLING PLACE OF GRAND RAPIDS NONPROFIT
HOUSING CORPORATION**Form 990, Schedule D, Part VIII - Investments Program Related**

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN BRIDGE STREET NPHC	1,636	C
(2) INVESTMENT IN DP RURAL NPHC	18,400	C
(3) INVESTMENT IN GOODRICH NPHC	95,297	C
(4) INVESTMENT IN HALL STREET LDHA	-119,285	C
(5) INVESTMENT IN HEARTSIDE NPHC	2,830,419	C
(6) INVESTMENT IN HERKIMER APARTMENTS	2,166,014	C
(7) INVESTMENT IN KELSEY NPHC	565,987	C
(8) INVESTMENT IN LCH36 LDHA	100	C
(9) INVESTMENT IN LIBERTY NPHC	1,570,152	C
(10) INVESTMENT IN NEW HOPE HOMES LDHA	163,631	C
(11) INVESTMENT IN SHELDON-WESTON, INC.	275,100	C
(12) INVESTMENT IN ROOSEVELT LDHA	100	C
(13) INVESTMENT IN PINE AVENUE LDHA	100	C
(14) INVESTMENT IN HARRISON PARK LDHA	100	C
(15) INVESTMENT IN FERGUSON HEARTSIDE LDHA	1,155,812	C
(16) INVESTMENT IN GRANDVILLE-HEARTSIDE LDHA	177,208	C
(17) INVESTMENT IN HARVEST HILL LDHA	85,376	C
(18) INVESTMENT IN HERKIMER COMMERCE LDHA	-3,262	C
(19) INVESTMENT IN WHITEHALL LDHA	597,731	C

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	TAX POSITIONS TAKEN ARE ASSESSED FOR UNCERTAINTY AND A PROVISION MAY BE RECORDED IF A TAX POSITION IS NOT LIKELY TO BE SUSTAINED UPON EXAMINATION.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		OUR WEST SIDE STORY (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	96,296			96,296
2	Less: Contributions	95,049			95,049
3	Gross income (line 1 minus line 2)	1,247			1,247
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,290			1,290
	7 Food and beverages	10,566			10,566
	8 Entertainment	800			800
	9 Other direct expenses	10,550			10,550
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				23,206
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-21,959

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019
**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization
DWELLING PLACE OF GRAND RAPIDS NONPROFIT
HOUSING CORPORATION

Employer identification number
38-2313832

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HEARTSIDE NONPROFIT HOUSING CORPORATION 101 SHELDVON BLVD STE 2 GRAND RAPIDS, MI 495034262	38-2600226	501(C)(3)	6,700				GRANT FROM DWELLING PLACE TO COVER AUDIT FEES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION GRANTS MONIES TO ORGANIZATIONS AND INDIVIDUALS AFTER A THOROUGH APPROVAL PROCESS. THE BOARD OR DIRECTORS MONITORS THE USE OF GRANT FUNDS BY REQUESTING SUPPORT SHOWING THE PROPER USE OF THE FUNDS.

Schedule J (Form 990) Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION

Employer identification number 38-2313832

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation reporting, including travel expenses, substantiation, filing methods, severance, and contingent compensation.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	SALARIES ARE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD. DWELLING PLACE PERIODICALLY PERFORMS A SALARY STUDY BASED ON COMPARABLE DATA FROM OUTSIDE SOURCES SPECIFIC TO NON-PROFITS AND/OR REAL ESATE/HOUSING MANAGEMENT INDUSTRY. THE DATA FROM THESE STUDIES AS WELL AS PERFORMANCE REVIEWS PROVIDE A BASIS FOR THE EXECUTIVE COMMITTEE'S SALARY DECISIONS.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION

Employer identification number

38-2313832

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DWELLING PLACE BOARD MEMBERS	COMMON BOARD MEMBERS WITH HEARTSIDE NONPROFIT HOUSING CORPORATION		DWELLING PLACE PARTICIPATES IN VARIOUS BUSINESS TRANSACTIONS AND PARTNERSHIPS WITH HEARTSIDE NONPROFIT HOUSING CORPORATION (SEE SCHEDULE R).		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION

Employer identification number

38-2313832

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DRAFT FORM 990 IS AVAILABLE FOR REVIEW BY THE BOARD OF DIRECTORS BEFORE FILING. AFTER A SET TIME PERIOD, IF NO COMMENTS FROM THE BOARD, MANAGEMENT WILL APPROVE THE 990 TO BE FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS COMPLETE A FORM ANNUALLY. IF A CONFLICT EXISTS, THE MEMBER ABSTAINS FROM ANY RELATED VOTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SALARIES ARE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD. DWELLING PLACE PERIODICALLY PERFORMS A SALARY STUDY BASED ON COMPARABLE DATA FROM OUTSIDE SOURCES SPECIFIC TO NON-PROFITS AND/OR REAL ESTATE/HOUSING MANAGEMENT INDUSTRY. THE DATA FROM THESE STUDIES AS WELL AS PERFORMANCE REVIEWS PROVIDE A BASIS FOR THE EXECUTIVE COMMITTEE'S SALARY DECISIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	INVESTMENT INCOME FROM REAL ESTATE -402,023. INVESTMENT INTEREST FROM REAL ESTATE -12,400.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C: OVERSIGHT OF THE AUDIT	FINANCE COMMITTEE RECOMMENDS TO ACCEPT THE AUDITED FINANCIAL STATEMENTS. NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DWELLING PLACE OF GRAND RAPIDS NONPROFIT
HOUSING CORPORATION

Employer identification number

38-2313832

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ELMDALE NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SE GRAND RAPIDS, MI 495034262 20-0363774	OPERATE RESIDENTIAL HOUSING FOR LOW-INCOME INDIVIDUALS	MI	501(C)(3)	LINE 10	DWELLING PLACE OF GRAND RAPIDS INC	Yes	
(2) HEARTSIDE NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SE GRAND RAPIDS, MI 495034262 38-2600226	DEVELOP AND OPERATE RESIDENTIAL HOUSING FOR LOWER INCOME INDIVIDUALS	MI	501(C)(3)	LINE 7	DWELLING PLACE OF GRAND RAPIDS INC	Yes	
(3) DWELLING PLACE FOUNDATION 101 SHELDON BLVD SE GRAND RAPIDS, MI 495034262 20-2584283	COLLECT ENDOWMENT CONTRIBUTIONS TO SUPPORT DWELLING PLACE OF GRAND RAPIDS	MI	501(C)(3)	LINE 7	DWELLING PLACE OF GRAND RAPIDS INC	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)	Yes	
f	Dividends from related organization(s)	Yes	
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data**Software ID:****Software Version:****EIN:** 38-2313832**Name:** DWELLING PLACE OF GRAND RAPIDS NONPROFIT
HOUSING CORPORATION**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
DP STC LLC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MI		0	DWELLING PLACE OF GRAND RAPIDS
DWELLING PLACE INC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MI	122	0	DWELLING PLACE OF GRAND RAPIDS
DP-FERGUSON LLC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MI	-484,700	0	DWELLING PLACE OF GRAND RAPIDS
DP HARVEST HILL LLC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MI	6,603	0	DWELLING PLACE OF GRAND RAPIDS
DP WHITE RIVER LLC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MI	34,497	0	DWELLING PLACE OF GRAND RAPIDS
DP WHITEHALL LLC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MI	-61,698	0	DWELLING PLACE OF GRAND RAPIDS
DP KELSEY LLC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MI	-86,184	0	DWELLING PLACE OF GRAND RAPIDS
DP JOINT VENTURES NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MI	-6	0	DWELLING PLACE OF GRAND RAPIDS

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 20-1968469	LOW INCOME HOUSING	MI	HEARTSIDE NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
BRIDGE STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 26-3068199	LOW INCOME HOUSING	MI	BRIDGE STREET NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
DWELLING PLACE RURAL LIMITED DIVIDEND HOUSING ASSOCIATION LP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 38-3543345	LOW INCOME HOUSING	MI	DWELLING PLACE RURAL NONPROFIT HOUSING CORPORATION	RELATED	34,497	1,153,844		No		Yes		
FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 38-3525092	LOW INCOME HOUSING	MI	FERGUSON HEARTSIDE NONPROFIT HOUSING CORPORATION	RELATED	100,198	8,362,577		No		Yes		
GOODRICH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 27-0575733	LOW INCOME HOUSING	MI	GOODRICH NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
GRANDVILLE HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 38-3351141	LOW INCOME HOUSING	MI	GRANDVILLE HEARTSIDE NONPROFIT HOUSING CORPORATION	RELATED		944,066		No		Yes		
HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 26-3068360	LOW INCOME HOUSING	MI	HALL STREET NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
HARVEST HILL LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 37-1422254	LOW INCOME HOUSING	MI	DWELLING PLACE RURAL NONPROFIT HOUSING CORPORATION	RELATED	6,603	1,325,883		No		Yes		
HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHI 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 61-1675056	LOW INCOME HOUSING	MI	HERKIMER APARTMENTS NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 38-3866828	LOW INCOME HOUSING	MI	HERKIMER APARTMENTS NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
HPFH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 61-1801957	LOW INCOME HOUSING	MI	HPFH NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 20-1356080	LOW INCOME HOUSING	MI	KBC NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
KELSEY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 20-0567199	LOW INCOME HOUSING	MI	KELSEY NONPROFIT HOUSING CORPORATION	RELATED	-86,184	1,918,393		No		Yes		
LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 47-3197663	LOW INCOME HOUSING	MI	LCH36 NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
LIBERTY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 20-5435606	LOW INCOME HOUSING	MI	LIBERTY NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NEW HOPE HOMES LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 38-3266358	LOW INCOME HOUSING	MI	NEW HOPE HOMES NONPROFIT HOUSING CORPORATION	RELATED	-49,067	500,924		No		Yes		
PINE AVENUE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 82-0895465	LOW INCOME HOUSING	MI	PINE AVENUE NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 47-3183823	LOW INCOME HOUSING	MI	ROOSEVELT NONPROFIT HOUSING CORPORATION	RELATED				No		Yes		
WHITEHALL DP LIMITED PARTNERSHIP 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 01-0790731	LOW INCOME HOUSING	MI	DWELLING PLACE RURAL NONPROFIT HOUSING CORPORATION	RELATED	-61,698	1,500,315		No		Yes		
PLAZA FRANKLIN LIMITED DIVIDEND HOUSING ASSOCIATION LLC 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 82-4154099	LOW INCOME HOUSING	MI	DP FRANKLIN LLC	RELATED				No		Yes		
PLAZA GRANDVILLE LIMITED DIVIDEND HOUSING ASSOCIATION LLC 101 SHELDON BLVD SE STE 2 GRAND RAPIDS, MI 49503 82-4182476	LOW INCOME HOUSING	MI	DP GRANDVILLE LLC	RELATED				No		Yes		

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
NEW HOPE HOMES NPHC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 38-3266354	LOW INCOME HOUSING	MI	N/A	C					No
GRANDVILLE-HEARTSIDE NPHC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 38-3351211	LOW INCOME HOUSING	MI	N/A	C					No
SHELDON-WESTON INC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 38-3364624	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	-16	-21,183	100.000 %	Yes	
FERGUSON-HEARTSIDE NPHC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 38-3518497	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	10	171,312	100.000 %	Yes	
DP RURAL NPHC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 38-3543206	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	-2	612,313	100.000 %	Yes	
KELSEY NPHC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 20-0566789	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	-12	565,987	100.000 %	Yes	
KBC NPHC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 20-1355857	LOW INCOME HOUSING	MI	N/A	C					No
BRIDGE STREET NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 26-3068078	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	-15	1,636	100.000 %	Yes	
GOODRICH NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 27-0575514	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	-7	95,402	100.000 %	Yes	
LIBERTY NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 20-5412079	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	-23	1,570,072	100.000 %	Yes	
HALL STREET NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 26-3068286	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	12,291	100	100.000 %	Yes	
HERKIMER APARTMENTS NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 45-4429764	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	-85	2,162,371	100.000 %	Yes	
LCH36 NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 47-3184370	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	-24	100	100.000 %		No
ROOSEVELT NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 47-3172351	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C	-58	100	100.000 %		No
HERKIMER CONDOMINIUM ASSOCIATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 47-3260791	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C			100.000 %		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MARTINEAU CONDOMINIUM ASSOCIATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 47-3412870	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C			100.000 %		No
ROOSEVELT CONDOMINIUM ASSOCIATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 47-5510981	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C			100.000 %		No
101 SHELDON CONDOMINIUM ASSOCIATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 27-0936214	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C		35,578	100.000 %		No
HPFH NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 81-3534807	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C		100	100.000 %		No
PINE AVENUE NONPROFIT HOUSING CORPORATION 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 82-0884418	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C		100	100.000 %		No
DP FRANKLIN LLC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 82-4127829	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C			100.000 %		No
DP GRANDVILLE LLC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 82-4154443	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C			100.000 %		No
NEW FERGUSON LLC 101 SHELDON BLVD SUITE 2 GRAND RAPIDS, MI 49503 83-1435080	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C			100.000 %		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WHITEHALL DP LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	A	6,700	ACCRUED INTEREST
LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION	A	27,140	ACCRUED INTEREST
KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	A	51,780	ACCRUED INTEREST
HEARTSIDE NONPROFIT HOUSING CORPORATION	A	7,724	ACCRUED INTEREST
ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION	A	56,432	ACCRUED INTEREST
HPFH LIMITED DIVIDEND HOUSING ASSOCIATION	A	4,534	ACCRUED INTEREST
HEARTSIDE NONPROFIT HOUSING CORPORATION	C	162,688	CASH
WHITEHALL DP LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	681,295	LOAN VALUE, LOAN GUARANTEE
44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	2,898,468	LOAN GUARANTEE VALUE
BRIDGE STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	733,469	LOAN VALUE, LOAN GUARANTEE VALUE
DWELLING PLACE RURAL LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	623,763	LOAN VALUE, LOAN GUARANTEE VALUE
FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	4,633,973	LOAN VALUE, LOAN GUARANTEE VALUE
GOODRICH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	1,535,483	LOAN VALUE, LOAN GUARANTEE VALUE
GRANDVILLE-HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	470,000	LOAN GUARANTEE VALUE
HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION	D	5,174,067	LOAN GUARANTEE VALUE
HARVEST HILL LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	557,369	LOAN VALUE, LOAN GUARANTEE VALUE
HEARTSIDE NONPROFIT HOUSING CORPORATION	D	1,104,209	LOAN VALUE AND INTEREST
HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	2,829,950	LOAN VALUE, LOAN GUARANTEE VALUE
HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER	D	1,609,744	LOAN VALUE, LOAN GUARANTEE VALUE
KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	4,137,654	LOAN VALUE, LOAN GUARANTEE VALUE
KELSEY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	636,432	LOAN VALUE, LOAN GUARANTEE
LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION	D	1,465,529	LOAN VALUE, LOAN GUARANTEE VALUE
LIBERTY LIMITED DIVIDEND HOUSING ASSOCIATION	D	5,696,487	LOAN VALUE, LOAN GUARANTEE VALUE
MARTINEAU HOLDINGS LIMITED DIVIDEND HOUSING ASSOCIATION	D	387,565	LOAN VALUE, OTHER RECEIVABLES
NEW HOPE HOMES LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	300,000	LOAN GUARANTEE VALUE

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION	D	2,691,787	LOAN VALUE
HPFH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	2,136,763	LOAN VALUE
PINE AVENUE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	538,777	LOAN VALUE
HEARTSIDE NONPROFIT HOUSING CORPORATION	E	904,432	LOAN VALUE
PLAZA FRANKLIN LIMITED DIVIDEND HOUSING ASSOCIATION	D	850,000	LOAN VALUE
PLAZA GRANDVILLE LIMITED DIVIDEND HOUSING ASSOCIATION	D	850,000	LOAN VALUE
FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP	K	200,004	RENTAL INCOME PER LEASE AGREEMENT
KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	K	56,557	RENTAL INCOME PER LEASE AGREEMENT
HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER	K	75,912	RENTAL INCOME PER LEASE AGREEMENT
KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	L	147,892	CASH PAID FOR SERVICES
44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	L	158,983	CASH PAID FOR SERVICES
HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER	L	142,541	CASH PAID FOR SERVICES
HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LP	L	77,453	CASH PAID FOR SERVICES
HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION	L	101,131	CASH PAID FOR SERVICES
FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP	O	114,929	AMOUNT PAID FOR EMPLOYEES
LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION	O	74,706	AMOUNT PAID FOR EMPLOYEES
HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LP	O	78,257	AMOUNT PAID FOR EMPLOYEES
HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER	O	81,927	AMOUNT PAID FOR EMPLOYEES
HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION	O	100,750	AMOUNT PAID FOR EMPLOYEES
ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION	O	82,184	AMOUNT PAID FOR EMPLOYEES
KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	O	162,794	AMOUNT PAID FOR EMPLOYEES
WHITEHALL DP LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	O	68,138	AMOUNT PAID FOR EMPLOYEES
44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	O	232,942	AMOUNT PAID FOR EMPLOYEES
LIBERTY LIMITED DIVIDEND HOUSING ASSOCIATION	O	62,329	AMOUNT PAID FOR EMPLOYEES