

BEENE GARTER LLP  
56 GRANDVILLE AVE SW SUITE 100  
GRAND RAPIDS, MI 49503

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION  
101 SHELDON BLVD SE STE 2  
GRAND RAPIDS, MI 49503-4262

|||||.....

DRAFT 06/21/2019

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DRAFT 06/21/2019

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Employer identification number

\*\*-\*\*\*3832

Name and title of officer

DENNIS STURTEVANT  
CEO

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|                                    |                                       |  |           |            |
|------------------------------------|---------------------------------------|--|-----------|------------|
| <b>1a</b> Form 990 check here      | ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) | <b>1b</b> | 8,328,887. |
| <b>2a</b> Form 990-EZ check here   | ▶ <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990-EZ, line 9)                      | <b>2b</b> |            |
| <b>3a</b> Form 1120-POL check here | ▶ <input type="checkbox"/>            | <b>b Total tax</b> (Form 1120-POL, line 22)                                | <b>3b</b> |            |
| <b>4a</b> Form 990-PF check here   | ▶ <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)     | <b>4b</b> |            |
| <b>5a</b> Form 8868 check here     | ▶ <input type="checkbox"/>            | <b>b Balance Due</b> (Form 8868, line 3c)                                  | <b>5b</b> |            |

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BEENE GARTER LLP to enter my PIN 02826  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3861245555

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ BEENE GARTER LLP Date ▶ 06/21/19

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION</b>           |   | <b>D</b> Employer identification number<br><b>** - *** 3832</b> |
|  | Doing business as  |   | <b>E</b> Telephone number<br><b>616-454-0928</b>                |
|  | Number and street (or P.O. box if mail is not delivered to street address)                                     | Room/suite  |   |
|  | <b>101 SHELDON BLVD SE STE 2</b>   |   | <b>G</b> Gross receipts \$ <b>8,767,573.</b>                    |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>GRAND RAPIDS, MI 49503-4262</b> |   |   |
| <b>F</b> Name and address of principal officer: <b>DENNIS STURTEVANT SAME AS C ABOVE</b>   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> 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**

|   |  |                                  |                     |
|---|--|----------------------------------|---------------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF DWELLING PLACE IS TO IMPROVE THE LIVES OF PEOPLE BY CREATING QUALITY AFFORDABLE</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>17</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>17</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b>                         | <b>83</b>           |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>97</b>           |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | <b>0.</b>           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 38 | <b>7b</b>  | <b>0.</b>                        |                     |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>2,022,061.</b>                | <b>5,686,465.</b>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>3,915,919.</b>                | <b>2,380,807.</b>   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>462,031.</b>                  | <b>261,615.</b>     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>253,280.</b>                  | <b>0.</b>           |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>6,653,291.</b>                | <b>8,328,887.</b>   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>5,000.</b>                    | <b>6,500.</b>       |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>0.</b>                        | <b>0.</b>           |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>1,761,518.</b>                | <b>2,039,535.</b>   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>51,529.</b>  | <b>0.</b>                        | <b>0.</b>           |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>1,686,682.</b>                | <b>1,790,212.</b>   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>3,453,200.</b>                | <b>3,836,247.</b>   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <b>3,200,091.</b>  | <b>4,492,640.</b>                |                     |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>39,098,234.</b>               | <b>43,183,589.</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>1,773,979.</b>                | <b>1,736,923.</b>   |
|   |  | <b>37,324,255.</b>               | <b>41,446,666.</b>  |

**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.

|                               |   |                                   |                 |   |                  |
|-------------------------------|---|-----------------------------------|-----------------|---|------------------|
| <b>Sign Here</b>              | ▶ Signature of officer  | Date                              |                 |   |                  |
|                               | ▶ <b>DENNIS STURTEVANT, CEO</b><br>Type or print name and title               |                                   |                 |   |                  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name  | Preparer's signature              | Date            | Check <input type="checkbox"/> if self-employed | PTIN             |
|                               | <b>CAROL L. HUBBARD, CPA, CP</b>  | <b>CAROL L. HUBBARD, CP</b>       | <b>06/21/19</b> |   | <b>P00184517</b> |
|                               | Firm's name ▶ <b>BEENE GARTER LLP</b>   | Firm's EIN ▶ <b>** - *** 7372</b> |                 |   |                  |
|                               | Firm's address ▶ <b>56 GRANDVILLE AVE SW SUITE 100 GRAND RAPIDS, MI 49503</b> | Phone no. <b>616-235-5200</b>     |                 |   |                  |

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

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Form 990 (2018)

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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 2018, MORE THAN 1,400 HOUSEHOLDS BENEFITED FROM DWELLING PLACE HOUSING PROGRAMS INCLUDING MORE THAN 560

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 \$ 656,582. including grants of \$ 6,500. ) (Revenue \$ 1,200,283. )  
DWELLING PLACE PROVIDES AFFORDABLE RENT RESTRICTED HOUSING TO OVER 1,200 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 2018, 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

4b (Code: ) (Expenses \$ 499,986. including grants of \$ ) (Revenue \$ 257,692. )  
DWELLING PLACE OF GRAND RAPIDS PROVIDES SUPPORT SERVICES, INCLUDING CASE MANAGEMENT, TO LOW INCOME AND SINGLE PARENT HOUSEHOLDS. DURING 2018, DWELLING PLACE SUPPORT SERVICES WERE AVAILABLE TO 897 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.

4c (Code: ) (Expenses \$ 1,281,275. including grants of \$ ) (Revenue \$ 922,832. )  
DWELLING PLACE PROVIDES NEIGHBORHOOD REVITALIZATION ALONG SIDE COMMUNITY BUILDING AND ENGAGEMENT EFFORTS TO ENHANCE COMMUNITY, STREETSCAPES AND ENCOURAGE LOCAL BUSINESS DEVELOPMENT EFFORTS. TO FURTHER OUR EFFORTS IN COMMUNITY SUPPORT. DWELLING PLACE SUPPORTS THE GROWING ARTS COMMUNITY IN THE HEARTSIDE NEIGHBORHOOD, DWELLING PLACE CONTINUES ITS MARKETING FOR THE AWARD WINNING AVENUE FOR THE ARTS INITIATIVE THAT IS LOCATED THERE, MORE RECENTLY DWELLING PLACE HAS EMPLOYED A COMMUNITY GARDINER AND FUNDED CONSTRUCTION OF COMMUNITY GARDENS 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

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

4e Total program service expenses 2,437,843.

Form 990 (2018)

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION**

Form 990 (2018)

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**Part IV Checklist of Required Schedules**

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | <b>X</b> |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |          | <b>X</b> |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  |          | <b>X</b> |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....   |          | <b>X</b> |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....  |          | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |          | <b>X</b> |
| <b>9</b> 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?<br><i>If "Yes," complete Schedule D, Part IV</i> .....         |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |          | <b>X</b> |
| <b>11</b> 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.   |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | <b>X</b> |          |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |          | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....   | <b>X</b> |          |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....  |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | <b>X</b> |          |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  |          | <b>X</b> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | <b>X</b> |          |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |          | <b>X</b> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |          | <b>X</b> |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |          | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |          | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |          | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   |          | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |          |          |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | <b>X</b> |          |

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION**

Form 990 (2018)

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**Part IV Checklist of Required Schedules** *(continued)*

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

**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

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  | 1a  | 8  |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  | 1b  | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | 1c  | X  |

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**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
|            | 2a   | 83  |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | X   |    |
|            | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d  |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8   |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders  | 11a |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |    |
|            | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b |    |
| <b>c</b>   | Enter the amount of reserves on hand   | 13c |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   |     | X  |
|            | If "Yes," see instructions and file Form 4720, Schedule N.   |     |    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  |     | X  |
|            | If "Yes," complete Form 4720, Schedule O.  |     |    |



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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | 1a 17  |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | 1b 17  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 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 - 616-454-0928**  
**101 SHELDON BLVD SE STE 2, GRAND RAPIDS, MI 49503-4540**

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                           | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>CHAIRPERSON             | 1.00<br>1.00  | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (2) DAVID A BYERS<br>VICE-CHARIPERSON & TREASUR | 1.00  | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (3) FRANCINE GASTON<br>SECRETARY                | 1.00<br>1.10  | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (4) RENEE WILLIAMS<br>BOARD MEMBER              | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) MICHAEL MCDANIELS<br>BOARD MEMBER           | 1.00<br>1.10  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) JUAN DANIEL CASTRO<br>BOARD MEMBER          | 1.00<br>1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) KYLE IRWIN<br>BOARD MEMBER                  | 1.00<br>0.10  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) PETER VANDER VEEN<br>BOARD MEMBER           | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) TOMMIE WALLACE<br>BOARD MEMBER              | 1.00<br>1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) LARRY TITLEY<br>BOARD MEMBER               | 1.00<br>1.10  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) LATARRO TRAYLOR<br>BOARD MEMBER            | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) RICHARD STEVENS<br>BOARD MEMBER            | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) MARVIN THOMAS<br>BOARD MEMBER              | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) THOMAS CARPENTER<br>BOARD MEMBER           | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (15) RICH KOGELSCHATZ<br>BOARD MEMBER           | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (16) GRETCHEN MINNHAAR<br>FORMER BOARD MEMBER   | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (17) SCOTT KOOP<br>FORMER BOARD MEMBER          | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) DENNIS STURTEVANT<br>CHIEF EXECUTIVE OFFICER              | 40.00<br>1.10   |   |                       | X       |              |                              |        | 168,786.   | 0.  | 13,580.   |
| (19) STEVEN RECKER<br>CHIEF FINANCIAL OFFICER                  | 40.00   |   |                       | X       |              |                              |        | 124,083.   | 0.  | 11,813.   |
| (20) KIM CROSS<br>CHIEF OPERATING OFFICER                      | 40.00   |   |                       |         | X            |                              |        | 122,166.   | 0.  | 19,089.   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 415,035.   | 0.  | 44,482.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 415,035.   | 0.  | 44,482.   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |          |
|---|--|--|---|---|--|----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....   | <b>1a</b> 75,000.  |   |   |  |          |
|   | <b>b</b> Membership dues .....   | <b>1b</b>  |   |   |  |          |
|   | <b>c</b> Fundraising events .....  | <b>1c</b>  |   |   |  |          |
|   | <b>d</b> Related organizations .....   | <b>1d</b> 168,912.   |   |   |  |          |
|   | <b>e</b> Government grants (contributions) .....   | <b>1e</b> 456,471.   |   |   |  |          |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b> 4,986,082.   |   |   |  |          |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....   |  |   |   |  |          |
|   | <b>h Total.</b> Add lines 1a-1f .....  |  | 5,686,465.                                      |   |  |          |
|   | <b>Program Service<br/>Revenue</b>   | <b>2 a</b> MANAGEMENT FEES .....   | Business Code 531390                            | 967,030.                                | 967,030.   |          |
| <b>b</b> RESID/COMMERCIAL RENTS .....   |  | 531120   | 873,408.  | 873,408.                                |  |          |
| <b>c</b> REAL ESTATE DEV. INCOME .....  |  | 531390   | 429,223.  | 429,223.                                |  |          |
| <b>d</b> CASE MANAGEMENT FEES .....   |  | 531390   | 257,692.  | 257,692.                                |  |          |
| <b>e</b> OTHER RENTAL INCOME .....  |  | 531110   | 102,048.  | 102,048.                                |  |          |
| <b>f</b> All other program service revenue .....                              |  | 531110   | -248,594.                                       | -248,594.                               |  |          |
| <b>g Total.</b> Add lines 2a-2f .....   |  |  | 2,380,807.                                      |   |  |          |
| <b>Other Revenue</b>  |  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |   | 397,801.                                |  | 397,801. |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |   |   |  |          |
|   | <b>5</b> Royalties .....   |  |   |   |  |          |
|   | <b>6 a</b> Gross rents .....   | (i) Real   |   |   |  |          |
|   |  | (ii) Personal  |   |   |  |          |
|   |  | <b>b</b> Less: rental expenses .....   |   |   |  |          |
|   |  | <b>c</b> Rental income or (loss) .....   |   |   |  |          |
|   | <b>d</b> Net rental income or (loss) .....   |  |   |   |  |          |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities   | 300,000.  | 2,500.                                  |  |          |
|   |  | (ii) Other   |   |   |  |          |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses .....                                 | 311,882.  | 126,804.                                |  |          |
|   |  | <b>c</b> Gain or (loss) .....  | -11,882.  | -124,304.                               |  |          |
|   | <b>d</b> Net gain or (loss) .....  |  | -136,186.                                       |   | -136,186.  |          |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   |   |   |  |          |
|   |  | <b>b</b> Less: direct expenses .....   | <b>b</b>  |   |  |          |
| <b>c</b> Net income or (loss) from fundraising events .....                   |  |  |   |   |  |          |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>   |  |   |   |  |          |
|   | <b>b</b> Less: direct expenses .....   | <b>b</b>   |   |   |  |          |
|   | <b>c</b> Net income or (loss) from gaming activities .....   |  |   |   |  |          |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>   |  |   |   |  |          |
|   | <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |   |   |  |          |
|   | <b>c</b> Net income or (loss) from sales of inventory .....  |  |   |   |  |          |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b>   |   |   |  |          |
| <b>11 a</b> _____   |  |  |   |   |  |          |
|   | <b>b</b> _____   |  |   |   |  |          |
|   | <b>c</b> _____   |  |   |   |  |          |
|   | <b>d</b> All other revenue .....   |  |   |   |  |          |
|   | <b>e Total.</b> Add lines 11a-11d .....  |  |   |   |  |          |
| <b>12 Total revenue.</b> See instructions .....                               |  | 8,328,887.   | 2,380,807.                                      | 0.                                      | 261,615.   |          |

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
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**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 6,500.                | 6,500.                          |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  | 459,518.              | 347,590.                        | 93,691.                                | 18,237.                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....  | 1,213,470.            | 640,412.                        | 559,817.                               | 13,241.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 31,823.               | 29,426.                         | 2,351.                                 | 46.                         |
| <b>9</b> Other employee benefits .....   | 183,758.              | 109,565.                        | 72,236.                                | 1,957.                      |
| <b>10</b> Payroll taxes .....  | 150,966.              | 88,431.                         | 59,831.                                | 2,704.                      |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management .....  |                       |                                 |  |                             |
| <b>b</b> Legal .....   | 66,268.               | 49,680.                         | 16,588.                                |                             |
| <b>c</b> Accounting .....  | 59,289.               |                                 | 59,289.                                |                             |
| <b>d</b> Lobbying .....  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 176,926.              | 81,249.                         | 87,758.                                | 7,919.                      |
| <b>12</b> Advertising and promotion .....  |                       |                                 |  |                             |
| <b>13</b> Office expenses .....  | 119,417.              | 47,250.                         | 66,540.                                | 5,627.                      |
| <b>14</b> Information technology .....   |                       |                                 |  |                             |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  | 651,562.              | 565,665.                        | 85,784.                                | 113.                        |
| <b>17</b> Travel .....   |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   | 69,162.               | 32,283.                         | 36,736.                                | 143.                        |
| <b>20</b> Interest .....   | 18,992.               | 18,992.                         |  |                             |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  | 335,474.              | 229,023.                        | 106,451.                               |                             |
| <b>23</b> Insurance .....  | 23,369.               | 12,724.                         | 10,645.                                |                             |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> <b>REPAIRS AND MAINTENANCE</b>  | 97,624.               | 83,890.                         | 13,734.                                |                             |
| <b>b</b> <b>BAD DEBT</b>   | 83,360.               | 83,360.                         | 0.                                     |                             |
| <b>c</b> <b>COMPUTER CONSULTING</b>  | 44,331.               | 11,101.                         | 32,537.                                | 693.                        |
| <b>d</b> <b>PROJECT SPECIFIC EXPENS</b>  | 33,633.               | 0.                              | 33,633.                                |                             |
| <b>e</b> All other expenses .....  | 10,805.               | 702.                            | 9,254.                                 | 849.                        |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 3,836,247.            | 2,437,843.                      | 1,346,875.                             | 51,529.                     |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
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**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |  |
|---|---|--------------------------|-------------|--------------------|--|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....  | 2,993,643.               | <b>1</b>    | 2,212,874.         |  |
|   | <b>2</b> Savings and temporary cash investments .....   | 1,030,380.               | <b>2</b>    | 942,105.           |  |
|   | <b>3</b> Pledges and grants receivable, net .....   | 492,712.                 | <b>3</b>    | 137,500.           |  |
|   | <b>4</b> Accounts receivable, net .....   | 1,620,256.               | <b>4</b>    | 2,672,100.         |  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors,<br>trustees, key employees, and highest compensated employees. Complete<br>Part II of Schedule L .....  |                          |             | <b>5</b>           |  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under<br>section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing<br>employers and sponsoring organizations of section 501(c)(9) voluntary<br>employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          |             | <b>6</b>           |  |
|   | <b>7</b> Notes and loans receivable, net .....  | 12,444,506.              | <b>7</b>    | 15,362,829.        |  |
|   | <b>8</b> Inventories for sale or use .....  |                          | <b>8</b>    |                    |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....  | 16,310.                  | <b>9</b>    | 13,819.            |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....   | 8,629,228.               |             |                    |  |
|   | <b>b</b> Less: accumulated depreciation .....   | 3,439,231.               |             |                    |  |
|   |   | 5,641,047.               | <b>10c</b>  | 5,189,997.         |  |
|   | <b>11</b> Investments - publicly traded securities .....  | 5,108,304.               | <b>11</b>   | 6,906,907.         |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....  |                          | <b>12</b>   |                    |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....   | 9,463,654.               | <b>13</b>   | 9,486,561.         |  |
|   | <b>14</b> Intangible assets .....   | 287,422.                 | <b>14</b>   | 258,897.           |  |
| <b>15</b> Other assets. See Part IV, line 11 .....                        |   | <b>15</b>                |             |                    |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 39,098,234.   | <b>16</b>                | 43,183,589. |                    |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....   | 382,714.                 | <b>17</b>   | 411,799.           |  |
|   | <b>18</b> Grants payable .....  |                          | <b>18</b>   |                    |  |
|   | <b>19</b> Deferred revenue .....  | 24,328.                  | <b>19</b>   | 24,242.            |  |
|   | <b>20</b> Tax-exempt bond liabilities .....   |                          | <b>20</b>   |                    |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....   |                          | <b>21</b>   |                    |  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees,<br>key employees, highest compensated employees, and disqualified persons.<br>Complete Part II of Schedule L .....  |                          | <b>22</b>   |                    |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....  | 462,505.                 | <b>23</b>   | 396,450.           |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....  |                          | <b>24</b>   |                    |  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X of<br>Schedule D .....   | 904,432.                 | <b>25</b>   | 904,432.           |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....  | 1,773,979.               | <b>26</b>   | 1,736,923.         |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and<br/>complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |  |
|   | <b>27</b> Unrestricted net assets .....   | 36,318,319.              | <b>27</b>   | 40,876,213.        |  |
|   | <b>28</b> Temporarily restricted net assets .....   | 755,936.                 | <b>28</b>   | 320,453.           |  |
|   | <b>29</b> Permanently restricted net assets .....   | 250,000.                 | <b>29</b>   | 250,000.           |  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and<br/>complete lines 30 through 34.</b>  |                          |             |                    |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....  |                          | <b>30</b>   |                    |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....  |                          | <b>31</b>   |                    |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....  |                          | <b>32</b>   |                    |  |
| <b>33</b> Total net assets or fund balances .....                         | 37,324,255.   | <b>33</b>                | 41,446,666. |                    |  |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 39,098,234.   | <b>34</b>                | 43,183,589. |                    |  |

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**Part XI Reconciliation of Net Assets**

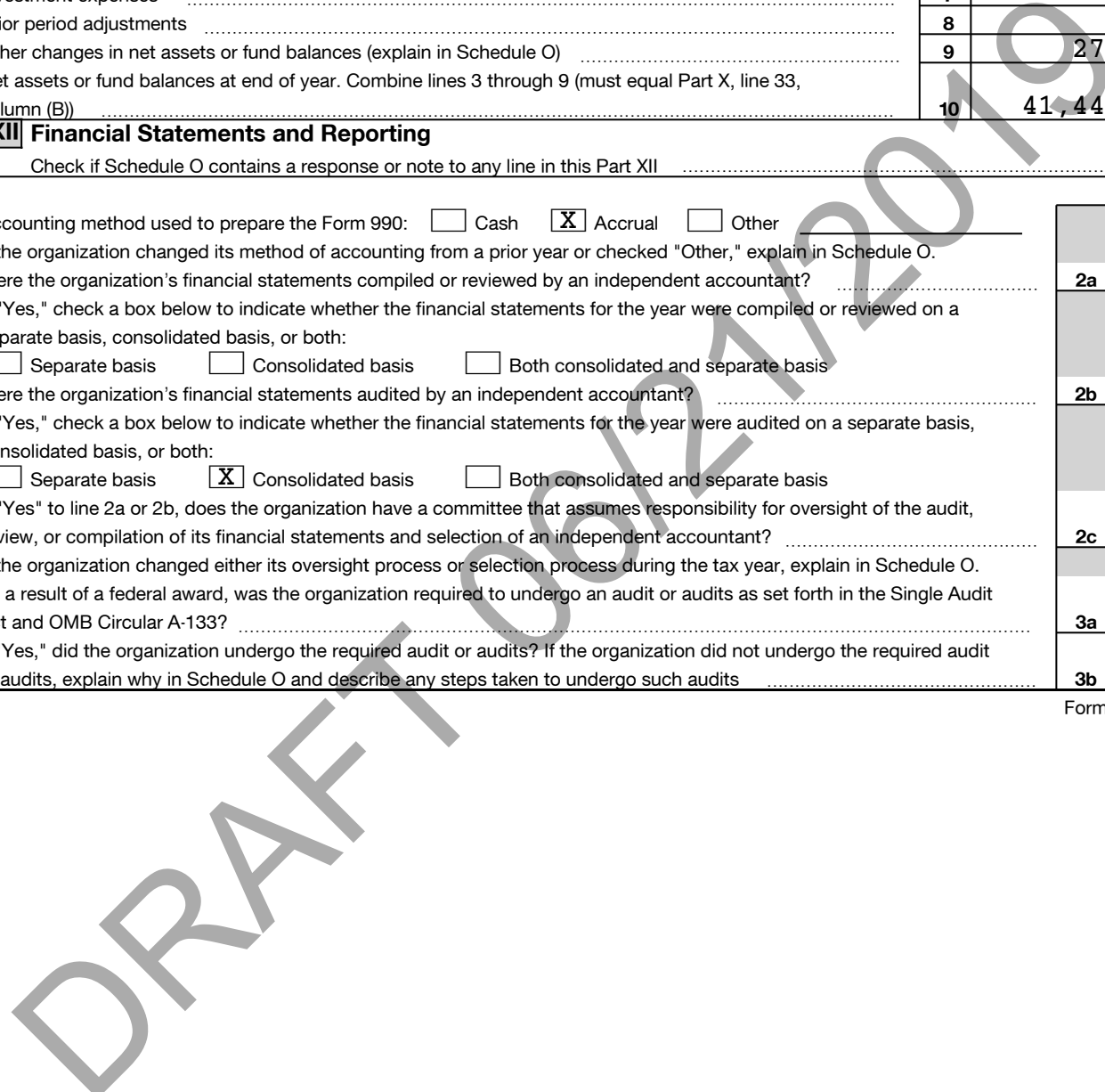
Check if Schedule O contains a response or note to any line in this Part XI

|   |           |             |
|---|-----------|-------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) .....   | <b>1</b>  | 8,328,887.  |
| 2 Total expenses (must equal Part IX, column (A), line 25) .....  | <b>2</b>  | 3,836,247.  |
| 3 Revenue less expenses. Subtract line 2 from line 1 .....  | <b>3</b>  | 4,492,640.  |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....                       | <b>4</b>  | 37,324,255. |
| 5 Net unrealized gains (losses) on investments .....  | <b>5</b>  | -644,023.   |
| 6 Donated services and use of facilities .....  | <b>6</b>  |             |
| 7 Investment expenses .....   | <b>7</b>  |             |
| 8 Prior period adjustments .....  | <b>8</b>  |             |
| 9 Other changes in net assets or fund balances (explain in Schedule O) .....  | <b>9</b>  | 273,794.    |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) ..... | <b>10</b> | 41,446,666. |

**Part XII Financial Statements and Reporting**

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

|  |           | Yes      | No       |
|--|-----------|----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |           |          |          |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....   | <b>2a</b> |          | <b>X</b> |
| 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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |           |          |          |
| b Were the organization's financial statements audited by an independent accountant? .....   | <b>2b</b> | <b>X</b> |          |
| 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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |           |          |          |
| 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? .....   | <b>2c</b> | <b>X</b> |          |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |           |          |          |
| 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? .....  | <b>3a</b> | <b>X</b> |          |
| 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 .....   | <b>3b</b> | <b>X</b> |          |







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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1320145. | 6771461. | 4203284. | 2022061. | 5806465. | 20123416. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1320145. | 6771461. | 4203284. | 2022061. | 5806465. | 20123416. |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 20123416. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 1320145. | 6771461. | 4203284. | 2022061. | 5806465. | 20123416.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 146,722. | 56,634.  | 241,450. | 378,457. | 397,801. | 1221064.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 79,253.  | 73,868.  | 4,220.   | 253,280. |          | 410,621.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 21755101.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       | 11,928,510.              |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 92.50 | % |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 89.76 | % |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |       |   |
| <b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |       |   |

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>   |     |    |
| <b>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>  |     |    |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>  |     |    |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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 10b below.</i>   |     |    |
| <b>b</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>   |     |    |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT**

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

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

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| <b>1</b>                               | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                               | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                               | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                               | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                               | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                               | 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) | <b>6</b>       |                             |
| <b>7</b>                               | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| <b>a</b>                                | Average monthly value of securities   | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances   | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets  | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d  | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035   | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                             |

| <b>Section C - Distributable Amount</b> |   | (A) Prior Year | (B) Current Year |
|---|---|----------------|------------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b>       | Current Year     |
| <b>2</b>                                | Enter 85% of line 1   | <b>2</b>       |                  |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b>       |                  |
| <b>4</b>                                | Enter greater of line 2 or line 3   | <b>4</b>       |                  |
| <b>5</b>                                | Income tax imposed in prior year  | <b>5</b>       |                  |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | <b>6</b>       |                  |
| <b>7</b>                                | <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 |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                             |  |   |
| <b>a</b> From 2013   |                             |  |   |
| <b>b</b> From 2014   |                             |  |   |
| <b>c</b> From 2015   |                             |  |   |
| <b>d</b> From 2016   |                             |  |   |
| <b>e</b> From 2017   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2014  |                             |  |   |
| <b>b</b> Excess from 2015  |                             |  |   |
| <b>c</b> Excess from 2016  |                             |  |   |
| <b>d</b> Excess from 2017  |                             |  |   |
| <b>e</b> Excess from 2018  |                             |  |   |

**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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**SPECIAL EVENTS**

2014 AMOUNT: \$ -36,468.

2015 AMOUNT: \$ -16,999.

2016 AMOUNT: \$ 3,432.

**MISCELLANEOUS**

2016 AMOUNT: \$ 788.

2017 AMOUNT: \$ 260.

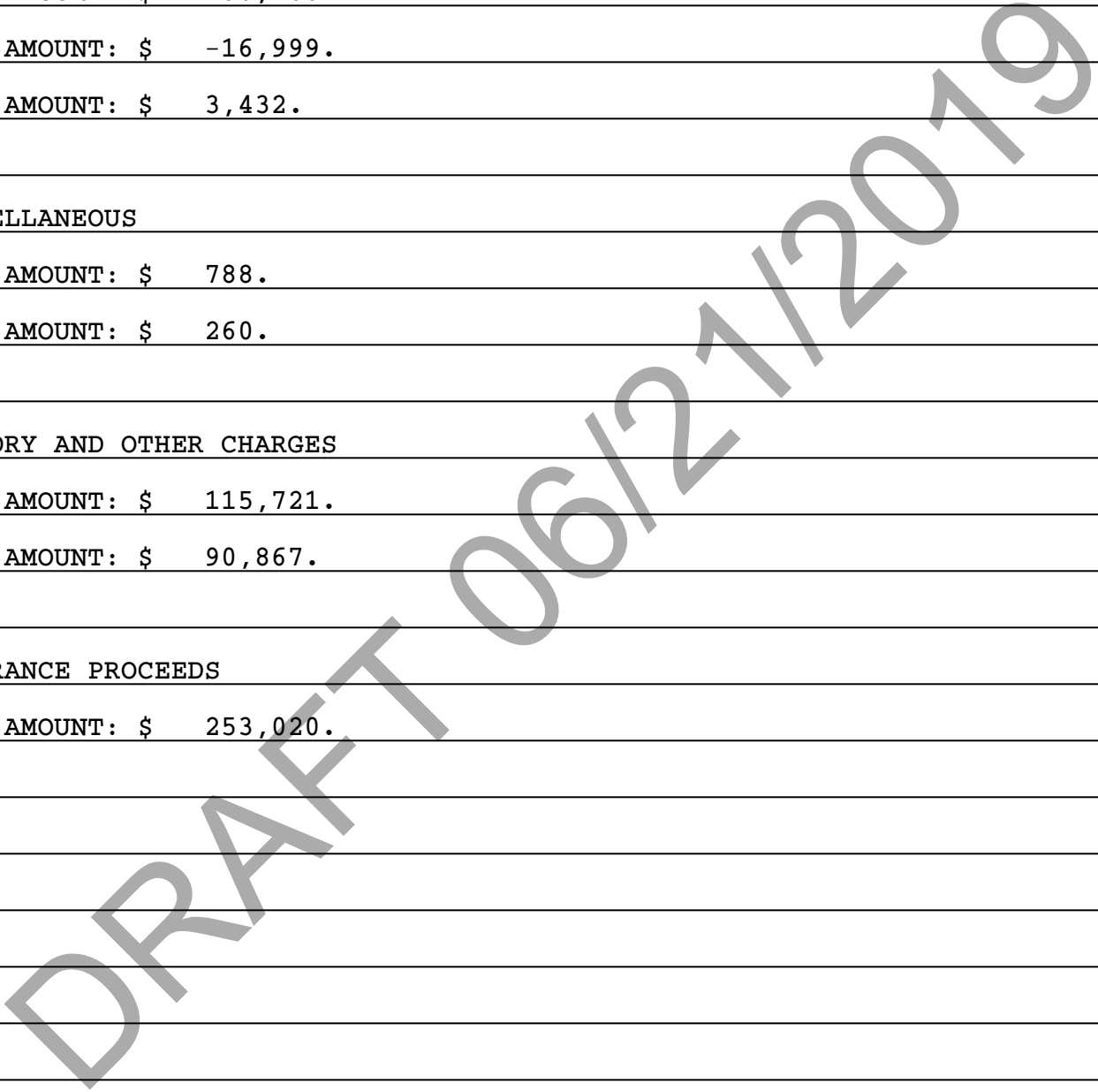
**LAUNDRY AND OTHER CHARGES**

2014 AMOUNT: \$ 115,721.

2015 AMOUNT: \$ 90,867.

**INSURANCE PROCEEDS**

2017 AMOUNT: \$ 253,020.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Employer identification number

\*\*-\*\*\*3832

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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



|   |  |
|---|--|
| Name of organization<br><b>DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION</b> | Employer identification number<br><b>** - *** 3832</b> |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | HEARTSIDE NPHC<br>101 SHELDON BLVD SE<br>GRAND RAPIDS, MI 49503                               | \$ 168,912.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | NEIGHBORWORKS AMERICA<br>999 N. CAPITOL ST NE, SUITE 900<br>WASHINGTON, DC 20002              | \$ 456,130.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | WEGE FOUNDATION<br>99 MONROE AVE NW, SUITE 902<br>GRAND RAPIDS, MI 49503                      | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | MICHIGAN NONPROFIT HOUSING CORPORATION<br>350 S MAIN STREET, SUITE 400<br>ANN ARBOR, MI 48104 | \$ 3,761,675.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | THE SEBASTIAN FOUNDATION<br>3333 EVERGREEN DR. NE #110<br>GRAND RAPIDS, MI 49525              | \$ 125,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br>_____<br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><b>DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION</b> | Employer identification number<br><b>**-***3832</b> |
|---|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |

|   |  |
|---|--|
| Name of organization<br><b>DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION</b> | Employer identification number<br><b>** - *** 3832</b> |
|---|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

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.

Department of the Treasury Internal Revenue Service

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

Employer identification number \*\* - \*\*\* 3832

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 3 columns: Question, (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 yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION**

**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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 on 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> 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
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      | 462,633.                        |                              | 462,633.       |
| <b>b</b> Buildings   |                                      | 6,640,497.                      | 2,691,470.                   | 3,949,027.     |
| <b>c</b> Leasehold improvements  |                                      | 786,529.                        | 287,292.                     | 499,237.       |
| <b>d</b> Equipment   |                                      | 503,219.                        | 460,469.                     | 42,750.        |
| <b>e</b> Other   |                                      | 236,350.                        |                              | 236,350.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 5,189,997.     |

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION**

**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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

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

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) INVESTMENT IN BRIDGE  |                |   |
| (2) STREET NPHC   | 1,636.         | COST  |
| (3) INVESTMENT IN DP RURAL  |                |   |
| (4) NPHC  | 701,507.       | COST  |
| (5) INVESTMENT IN GOODRICH  |                |   |
| (6) NPHC  | 107,865.       | COST  |
| (7) INVESTMENT IN HALL STREET   |                |   |
| (8) LDHA  | -106,965.      | COST  |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 9,486,561.     |   |

**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)   |                |
| <b>Total.</b> (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) RELATED PARTY NOTE PAYABLE  | 904,432.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (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

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION**

**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.

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

**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.

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

**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.

**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.





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

Employer identification number  
**\*\*-\*\*\*3832**

**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.

| <b>1 (a)</b> Name and address of organization or government                                      | <b>(b)</b> EIN         | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance     |
|--|------------------------|--|---------------------------------|--|--|--|---|
| HEARTSIDE NONPROFIT HOUSING CORPORATION - 101 SHELDVON BLVD, STE 2 - GRAND RAPIDS, MI 49503-4262 | ●●*: *—** - *501025(3) |  | 6,500.                          | 0.                                       |  |  | 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 ..... ▶ 0.

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

Schedule I (Form 990) (2018)

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION**

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

**PART I, LINE 2:**

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)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://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 **\*\*-\*\*\*3832**

**Part I Questions Regarding Compensation**

|  | Yes                                 | No                               |
|--|-------------------------------------|----------------------------------|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |                                     |                                  |
| <b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | <b>1b</b>                           |                                  |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  | <b>2</b>                            |                                  |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations<br><input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee   |                                     |                                  |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment?<br><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?<br><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  | <b>4a</b><br><b>4b</b><br><b>4c</b> | <b>X</b><br><b>X</b><br><b>X</b> |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |                                     |                                  |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><b>a</b> The organization?<br><b>b</b> Any related organization?<br>If "Yes" on line 5a or 5b, describe in Part III.  | <b>5a</b><br><b>5b</b>              | <b>X</b><br><b>X</b>             |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><b>a</b> The organization?<br><b>b</b> Any related organization?<br>If "Yes" on line 6a or 6b, describe in Part III.  | <b>6a</b><br><b>6b</b>              | <b>X</b><br><b>X</b>             |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III   | <b>7</b>                            | <b>X</b>                         |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   | <b>8</b>                            | <b>X</b>                         |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | <b>9</b>                            |                                  |

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Schedule J (Form 990) 2018

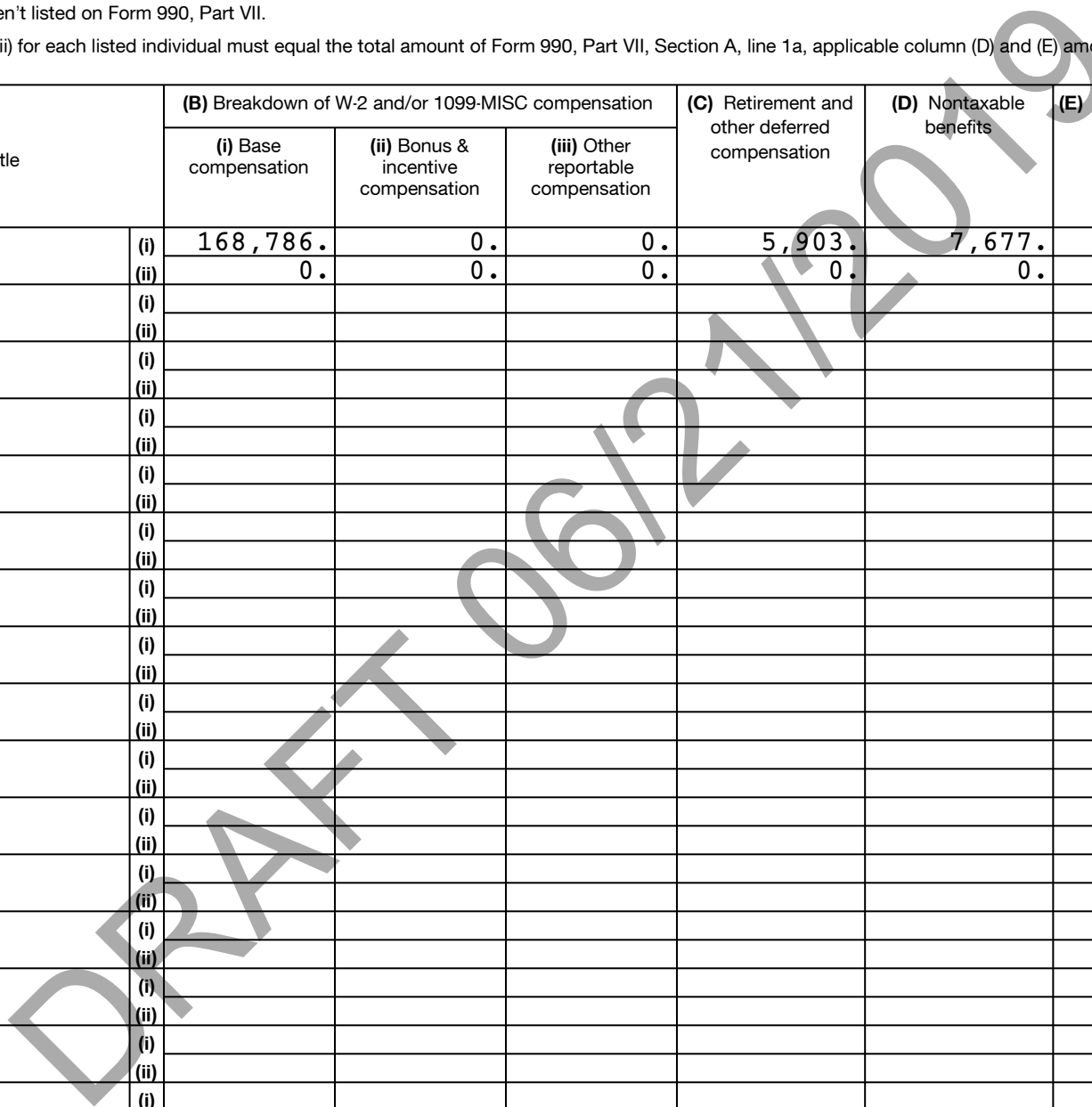
DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                               |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) DENNIS STURTEVANT<br>CHIEF EXECUTIVE OFFICER | (i)  | 168,786.   | 0.                                  | 0.                                  | 5,903.   | 7,677.                  | 182,366.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

**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.

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.

DRAFT 06/21/2019

SCHEDULE L  
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
\*\*-\*\*\*3832

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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 4 main 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 main 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 main 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

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT**

**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 |
| HEARTSIDE NPHC                | COMMON BOARD MEMBER   | 0.                        | DWELLING PL                    |   | X  |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information.**

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

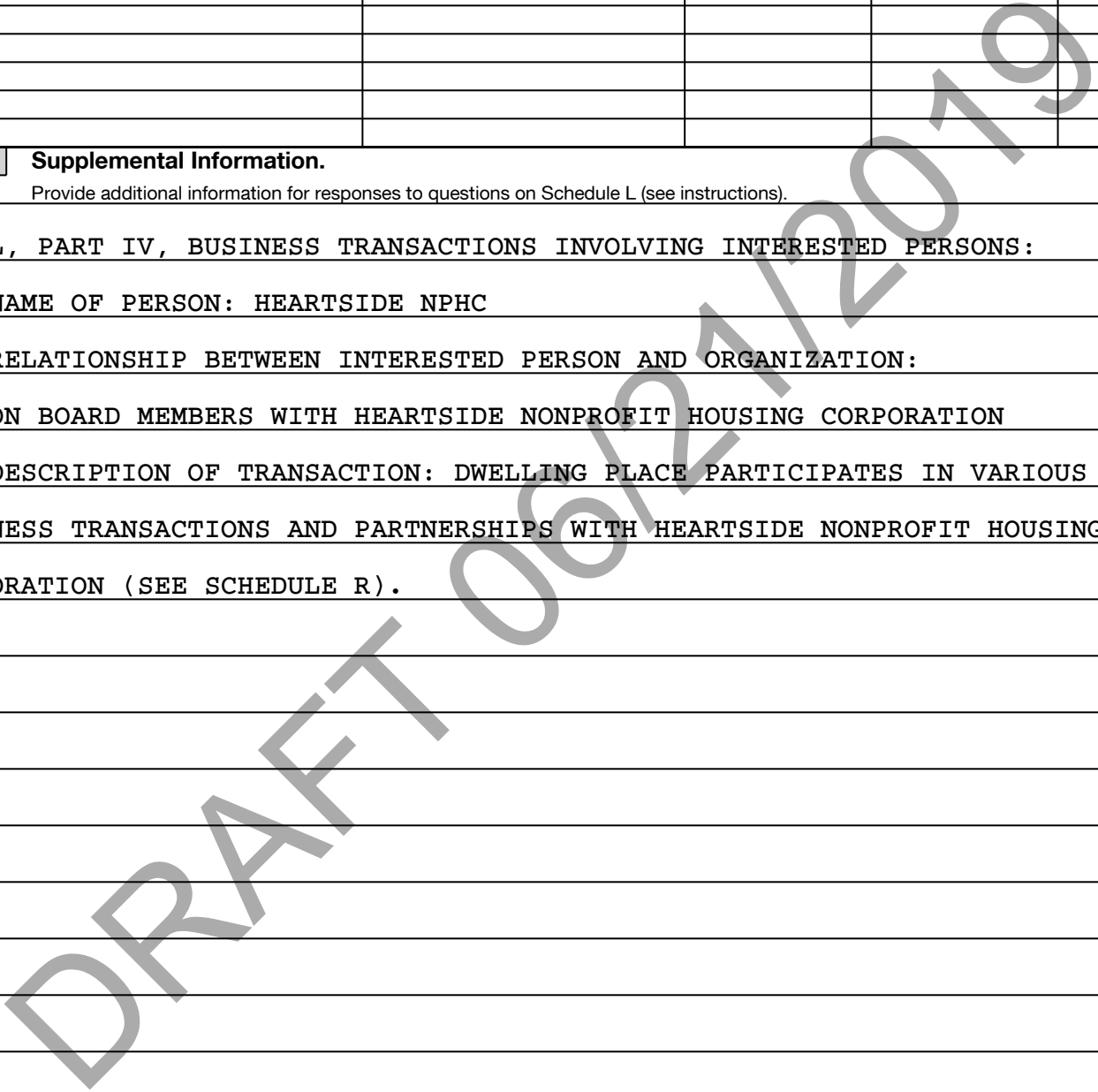
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HEARTSIDE NPHC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COMMON BOARD MEMBERS WITH HEARTSIDE NONPROFIT HOUSING CORPORATION

(D) DESCRIPTION OF TRANSACTION: DWELLING PLACE PARTICIPATES IN VARIOUS BUSINESS TRANSACTIONS AND PARTNERSHIPS WITH HEARTSIDE NONPROFIT HOUSING CORPORATION (SEE SCHEDULE R).



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

|                          |  |                                |               |
|--------------------------|--|--------------------------------|---------------|
| Name of the organization | DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION | Employer identification number | ** - *** 3832 |
|--------------------------|--|--------------------------------|---------------|

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 HOUSING, PROVIDING ESSENTIAL SUPPORT SERVICES AND SERVING AS A CATALYST  
 FOR NEIGHBORHOOD REVITALIZATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 PREVIOUSLY HOMELESS HOUSEHOLDS. 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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
 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. ADDITIONALLY, DWELLING PLACE HAS  
 BEEN AWARDED TAX CREDITS ON 2 PROJECTS 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 AREAWITH A SHORTAGE OF AFFORDABLE HOUSING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)



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

Employer identification number  
\*\*-\*\*\*3832

HOUSING AND NEIGHBORHOOD REVITALIZATION PROGRAMS.

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.

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.

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.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|                                      |          |
|--------------------------------------|----------|
| INVESTMENT LOSS FROM REAL ESTATE     | 288,099. |
| INVESTMENT INTEREST FROM REAL ESTATE | -14,305. |
| TOTAL TO FORM 990, PART XI, LINE 9   | 273,794. |

FORM 990, PART XI, LINE 2C: OVERSIGHT OF THE AUDIT

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

Employer identification number \*\*-\*\*\*3832

FINANCE COMMITTEE APPROVES THE AUDITED FINANCIAL STATEMENTS. NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.

DRAFT 06/21/2019

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION** Employer identification number **\*\*-\*\*\*3832**

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity        | (b)<br>Primary activity                             | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|---|--|---------------------|---------------------------|----------------------------------|
| DP STC LLC<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503          | TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION | MICHIGAN   | 235.                | 0.                        | DWELLING PLACE OF GRAND RAPIDS   |
| DWELLING PLACE, INC<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503 | TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION | MICHIGAN   | 231.                | 0.                        | DWELLING PLACE OF GRAND RAPIDS   |
| DP-FERGUSON LLC<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503     | TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION | MICHIGAN   | -196,273.           | 0.                        | DWELLING PLACE OF GRAND RAPIDS   |
| DP HARVEST HILL LLC<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503 | TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION | MICHIGAN   | -22,945.            | 0.                        | DWELLING PLACE OF GRAND RAPIDS   |

**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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity     | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|--|--|----------------------------|---|--------------------------------------|--|----|
|  |  |  |                            |   |                                      | Yes  | No |
| ELMDALE NONPROFIT HOUSING CORPORATION - **-*****<br>101 SHELDON BLVD SE, GRAND RAPIDS, MI 49503-4262   | OPERATE RESIDENTIAL HOUSING FOR LOW-INCOME INDIVIDUALS               | MICHIGAN   | 501(C)(3)                  | LINE 10   | DWELLING PLACE OF GRAND RAPIDS, INC. | X  |    |
| HEARTSIDE NONPROFIT HOUSING CORPORATION - **-*****<br>101 SHELDON BLVD SE, GRAND RAPIDS, MI 49503-4262 | DEVELOP AND OPERATE RESIDENTIAL HOUSING FOR LOWER INCOME INDIVIDUALS | MICHIGAN   | 501(C)(3)                  | LINE 7  | DWELLING PLACE OF GRAND RAPIDS, INC. | X  |    |
| DWELLING PLACE FOUNDATION - **-*****<br>101 SHELDON BLVD SE<br>GRAND RAPIDS, MI 49503-4262             | COLLECT ENDOWMENT CONTRIBUTIONS TO SUPPORT DWELLING PLACE OF GRAND   | MICHIGAN   | 501(C)(3)                  | LINE 7  | DWELLING PLACE OF GRAND RAPIDS, INC. | X  |    |

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018



DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990) 2018

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**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.

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity                   | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|---|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |   |   |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| GRANDVILLE HEARTSIDE LIMITED<br>DIVIDEND HOUSING ASSOCIATION<br>LP - **-*****, 101 SHELDON<br>BLVD SE, STE 2, GRAND RAPIDS, | LOW INCOME<br>HOUSING   | MI  | GRANDVILLE<br>HEARTSIDE<br>NONPROFIT<br>HOUSING       | RELATED   | 0.                              | 743,288.                                 |   | X  | N/A   |   | X  |                                |
| FERGUSON HEARTSIDE LIMITED<br>DIVIDEND HOUSING ASSOCIATION<br>LIMITED PARTNERSHIP, 101<br>SHELDON BLVD SE, STE 2, GRAND     | LOW INCOME<br>HOUSING   | MI  | FERGUSON<br>HEARTSIDE<br>NONPROFIT<br>HOUSING         | RELATED   | -196,273.                       | 7,523,806.                               |   | X  | N/A   |   | X  |                                |
| NEW HOPE HOMES LIMITED<br>DIVIDEND HOUSING ASSOCIATION<br>LIMITED PARTNERSHIP - 38, 101<br>SHELDON BLVD SE, STE 2, GRAND    | LOW INCOME<br>HOUSING   | MI  | NEW HOPE HOMES<br>NONPROFIT<br>HOUSING<br>CORPORATION | RELATED   | -33,145.                        | 157,632.                                 |   | X  | N/A   |   | X  |                                |
| DWELLING PLACE RURAL LIMITED<br>DIVIDEND HOUSING ASSOCIATION<br>LP - **-*****, 101 SHELDON<br>BLVD SE, STE 2, GRAND RAPIDS, | LOW INCOME<br>HOUSING   | MI  | DWELLING PLACE<br>RURAL<br>NONPROFIT<br>HOUSING       | RELATED   | 40,632.                         | 1,107,822.                               |   | X  | N/A   |   | X  |                                |

**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.

| (a)<br>Name, address, and EIN<br>of related organization                                     | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity       | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|---|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |   |  |                                 |  |                                | Yes   | No |
| NEW HOPE HOMES NPHC - **-*****,<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503       | LOW INCOME HOUSING      | MI  | N/A                                       | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| GRANDVILLE-HEARTSIDE NPHC - **-*****,<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING      | MI  | N/A                                       | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| SHELDON-WESTON, INC. - **-*****,<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503      | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | 0.                              | 0.                                       | 100%                           | X   |    |
| FERGUSON-HEARTSIDE NPHC - **-*****,<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503   | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | -20.                            | 171,312.                                 | 100%                           | X   |    |
| DP RURAL NPHC - **-*****,<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503             | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | -7.                             | 612,313.                                 | 100%                           | X   |    |

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

\*\* - \*\*\* 3832

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity                  | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|--|---|---------------------------------|--|--|----|---|---|----|--------------------------------|
|  |                         |  |  |   |                                 |  | Yes  | No |   | Yes                                       | No |                                |
| HARVEST HILL LIMITED DIVIDEND<br>HOUSING ASSOCIATION LIMITED<br>PARTNERSHIP - 37-1, 101<br>SHELDON BLVD SE, STE 2, GRAND | LOW INCOME<br>HOUSING   | MI   | DWELLING PLACE<br>RURAL<br>NONPROFIT<br>HOUSING      | RELATED   | -22,945.                        | 1,260,136.                               |  | X  | N/A   |   | X  |                                |
| WHITEHALL DP LIMITED<br>PARTNERSHIP - **-***** , 101<br>SHELDON BLVD SE, STE 2, GRAND<br>RAPIDS, MI 49503                | LOW INCOME<br>HOUSING   | MI   | DWELLING PLACE<br>RURAL<br>NONPROFIT<br>HOUSING      | RELATED   | -43,980.                        | 1,614,968.                               |  | X  | N/A   |   | X  |                                |
| KELSEY LIMITED DIVIDEND<br>HOUSING ASSOCIATION LIMITED<br>PARTNERSHIP - **-***** , 101<br>SHELDON BLVD SE, STE 2, GRAND  | LOW INCOME<br>HOUSING   | MI   | KELSEY<br>NONPROFIT<br>HOUSING<br>CORPORATION        | RELATED   | -55,956.                        | 2,476,494.                               |  | X  | N/A   |   | X  |                                |
| 44 IONIA LIMITED DIVIDEND<br>HOUSING ASSOCIATION LIMITED<br>PARTNERSHIP - 20-19684, 101<br>SHELDON BLVD SE, STE 2, GRAND | LOW INCOME<br>HOUSING   | MI   | HEARTSIDE<br>NONPROFIT<br>HOUSING<br>CORPORATION     | RELATED   |                                 |  |  | X  | N/A   |   | X  |                                |
| KBC LIMITED DIVIDEND HOUSING<br>ASSOCIATION LIMITED<br>PARTNERSHIP - **-***** , 101<br>SHELDON BLVD SE, STE 2, GRAND     | LOW INCOME<br>HOUSING   | MI   | KBC NONPROFIT<br>HOUSING<br>CORPORATION              | RELATED   |                                 |  |  | X  | N/A   |   | X  |                                |
| BRIDGE STREET LIMITED<br>DIVIDEND HOUSING ASSOCIATION<br>LIMITED PARTNERSHIP - 26-,<br>101 SHELDON BLVD SE, STE 2,       | LOW INCOME<br>HOUSING   | MI   | BRIDGE STREET<br>NONPROFIT<br>HOUSING<br>CORPORATION | RELATED   |                                 |  |  | X  | N/A   |   | X  |                                |
| GOODRICH LIMITED DIVIDEND<br>HOUSING ASSOCIATION LIMITED<br>PARTNERSHIP - 27-05757, 101<br>SHELDON BLVD SE, STE 2, GRAND | LOW INCOME<br>HOUSING   | MI   | GOODRICH<br>NONPROFIT<br>HOUSING<br>CORPORATION      | RELATED   |                                 |  |  | X  | N/A   |   | X  |                                |
| LIBERTY LIMITED DIVIDEND<br>HOUSING ASSOCIATION LIMITED<br>PARTNERSHIP - 20-543560, 101<br>SHELDON BLVD SE, STE 2, GRAND | LOW INCOME<br>HOUSING   | MI   | LIBERTY<br>NONPROFIT<br>HOUSING<br>CORPORATION       | RELATED   |                                 |  |  | X  | N/A   |   | X  |                                |
| HALL STREET LIMITED DIVIDEND<br>HOUSING ASSOCIATION LIMITED<br>PARTNERSHIP - 26-30, 101<br>SHELDON BLVD SE, STE 2, GRAND | LOW INCOME<br>HOUSING   | MI   | HALL STREET<br>NONPROFIT<br>HOUSING<br>CORPORATION   | RELATED   |                                 |  |  | X  | N/A   |   | X  |                                |

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

\*\*-\*\*\*3832

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity                | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|--|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |  |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| HERKIMER COMMERCE LIMITED<br>DIVIDEND HOUSING ASSOCIATION<br>LIMITED PARTNERSHIP -, 101<br>SHELDON BLVD SE, STE 2, GRAND | LOW INCOME<br>HOUSING   | MI   | HERKIMER<br>APARTMENTS<br>NONPROFIT<br>HOUSING     | RELATED   |                                 |  |   | X  | N/A   | X   |    |                                |
| HERKIMER APARTMENTS LIMITED<br>DIVIDEND HOUSING ASSOCIATION<br>LIMITED PARTNERSHIP, 101<br>SHELDON BLVD SE, STE 2, GRAND | LOW INCOME<br>HOUSING   | MI   | HERKIMER<br>APARTMENTS<br>NONPROFIT<br>HOUSING     | RELATED   |                                 |  |   | X  | N/A   | X   |    |                                |
| LCH36 LIMITED DIVIDEND<br>HOUSING ASSOCIATION LIMITED<br>PARTNERSHIP - **-*****, 101<br>SHELDON BLVD SE, STE 2, GRAND    | LOW INCOME<br>HOUSING   | MI   | LCH36<br>NONPROFIT<br>HOUSING<br>CORPORATION       | RELATED   |                                 |  |   | X  | N/A   | X   |    |                                |
| ROOSEVELT LIMITED DIVIDEND<br>HOUSING ASSOCIATION LIMITED<br>PARTNERSHIP - 47-3183, 101<br>SHELDON BLVD SE, STE 2, GRAND | LOW INCOME<br>HOUSING   | MI   | ROOSEVELT<br>NONPROFIT<br>HOUSING<br>CORPORATION   | RELATED   |                                 |  |   | X  | N/A   | X   |    |                                |
| PINE AVENUE LIMITED DIVIDEND<br>HOUSING ASSOCIATION LIMITED<br>PARTNERSHIP - 82-08, 101<br>SHELDON BLVD SE, STE 2, GRAND | LOW INCOME<br>HOUSING   | MI   | PINE AVENUE<br>NONPROFIT<br>HOUSING<br>CORPORATION | RELATED   |                                 |  |   | X  | N/A   | X   |    |                                |
| HPFH LIMITED DIVIDEND HOUSING<br>ASSOCIATION LIMITED<br>PARTNERSHIP - **-*****, 101<br>SHELDON BLVD SE, STE 2, GRAND     | LOW INCOME<br>HOUSING   | MI   | HPFH NONPROFIT<br>HOUSING<br>CORPORATION           | RELATED   |                                 |  |   | X  | N/A   | X   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |   |   |    |                                |

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

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**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity       | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|---|--|---------------------------------|--|--------------------------------|---|----|
|   |                         |   |   |  |                                 |  |                                | Yes   | No |
| KELSEY NPHC - **-*****<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503   | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | -10.                            | 565,987.                                 | 100%                           | X   |    |
| KBC NPHC - **-*****<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503  | LOW INCOME HOUSING      | MI  | N/A                                       | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| BRIDGE STREET NONPROFIT HOUSING CORPORATION<br>- **-*****, 101 SHELDON BLVD, SUITE 2,<br>GRAND RAPIDS, MI 49503       | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | -12.                            | 1,636.                                   | 100%                           | X   |    |
| GOODRICH NONPROFIT HOUSING CORPORATION -<br>**-*****, 101 SHELDON BLVD, SUITE 2, GRAND<br>RAPIDS, MI 49503            | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | -5.                             | 107,970.                                 | 100%                           | X   |    |
| LIBERTY NONPROFIT HOUSING CORPORATION -<br>**-*****, 101 SHELDON BLVD, SUITE 2, GRAND<br>RAPIDS, MI 49503             | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | -26.                            | 1,570,072.                               | 100%                           | X   |    |
| HALL STREET NONPROFIT HOUSING CORPORATION -<br>**-*****, 101 SHELDON BLVD, SUITE 2, GRAND<br>RAPIDS, MI 49503         | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | 18,032.                         | 100.                                     | 100%                           | X   |    |
| HERKIMER APARTMENTS NONPROFIT HOUSING<br>CORPORATION - **-*****, 101 SHELDON BLVD,<br>SUITE 2, GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | -90.                            | 2,165,637.                               | 100%                           | X   |    |
| LCH36 NONPROFIT HOUSING CORPORATION -<br>**-*****, 101 SHELDON BLVD, SUITE 2, GRAND<br>RAPIDS, MI 49503               | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | -17.                            | 100.                                     | 100%                           |   | X  |
| ROOSEVELT NONPROFIT HOUSING CORPORATION -<br>**-*****, 101 SHELDON BLVD, SUITE 2, GRAND<br>RAPIDS, MI 49503           | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | -51.                            | 100.                                     | 100%                           |   | X  |
| HERKIMER CONDOMINIUM ASSOCIATION -<br>**-*****, 101 SHELDON BLVD, SUITE 2, GRAND<br>RAPIDS, MI 49503                  | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | 0.                              | 0.                                       | 100%                           |   | X  |
| MARTINEAU CONDOMINIUM ASSOCIATION -<br>**-*****, 101 SHELDON BLVD, SUITE 2, GRAND<br>RAPIDS, MI 49503                 | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | 0.                              | 0.                                       | 100%                           |   | X  |
| ROOSEVELT CONDOMINIUM ASSOCIATION -<br>**-*****, 101 SHELDON BLVD, SUITE 2, GRAND<br>RAPIDS, MI 49503                 | LOW INCOME HOUSING      | MI  | DWELLING PLACE<br>OF GRAND<br>RAPIDS NPHC | C CORP   | 0.                              | 0.                                       | 100%                           |   | X  |





**DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION**

**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.

**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?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... | X   |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   | X   |    |
| <b>f</b> Dividends from related organization(s) .....  | X   |    |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**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.

| (a)<br>Name of related organization                                       | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) WHITEHALL DP LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | A                                | 6,700.                 | ACCRUED INTEREST                             |
| (2) LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION                            | A                                | 27,140.                | ACCRUED INTEREST                             |
| (3) KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP          | A                                | 51,780.                | ACCRUED INTEREST                             |
| (4) HEARTSIDE NONPROFIT HOUSING CORPORATION                               | A                                | 7,724.                 | ACCRUED INTEREST                             |
| (5) ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION                        | A                                | 56,432.                | ACCRUED INTEREST                             |
| (6) HEARTSIDE NONPROFIT HOUSING CORPORATION                               | C                                | 168,910.               | CASH   |

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

\*\* - \*\*\*3832

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a)<br>Name of other organization   | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|---|----------------------------------|------------------------|---|
| (7) WHITEHALL DP LIMITED DIVIDEND HOUSING ASSOCIATION LP                    | D                                | 703,896.               | LOAN VALUE, LOAN GUARANTEE                      |
| (8) 44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP       | D                                | 2,969,564.             | LOAN GUARANTEE VALUE                            |
| (9) BRIDGE STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP  | D                                | 733,469.               | LOAN VALUE, LOAN GUARANTEE VALUE                |
| (10) DWELLING PLACE RURAL LIMITED DIVIDEND HOUSING ASSOCIATION LP           | D                                | 643,496.               | LOAN VALUE, LOAN GUARANTEE VALUE                |
| (11) FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP             | D                                | 4,633,973.             | LOAN VALUE, LOAN GUARANTEE VALUE                |
| (12) GOODRICH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP      | D                                | 1,535,483.             | LOAN VALUE, LOAN GUARANTEE VALUE                |
| (13) GRANDVILLE-HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP           | D                                | 470,000.               | LOAN GUARANTEE VALUE                            |
| (14) HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION                       | D                                | 5,176,386.             | LOAN GUARANTEE VALUE                            |
| (15) HARVEST HILL LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP  | D                                | 610,920.               | LOAN VALUE, LOAN GUARANTEE VALUE                |
| (16) HEARTSIDE NONPROFIT HOUSING CORPORATION                                | D                                | 1,133,576.             | LOAN VALUE AND INTEREST                         |
| (17) HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LP            | D                                | 2,829,950.             | LOAN VALUE, LOAN GUARANTEE VALUE                |
| (18) HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER | D                                | 1,609,744.             | LOAN VALUE, LOAN GUARANTEE VALUE                |
| (19) KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP           | D                                | 4,085,874.             | LOAN VALUE, LOAN GUARANTEE VALUE                |
| (20) KELSEY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP        | D                                | 669,013.               | LOAN VALUE, LOAN GUARANTEE                      |
| (21) LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION                             | D                                | 2,163,475.             | LOAN VALUE, LOAN GUARANTEE VALUE                |
| (22) LIBERTY LIMITED DIVIDEND HOUSING ASSOCIATION                           | D                                | 5,698,694.             | LOAN VALUE, LOAN GUARANTEE VALUE                |
| (23) MARTINEAU HOLDINGS LIMITED DIVIDEND HOUSING ASSOCIATION                | D                                | 387,565.               | LOAN VALUE, OTHER RECEIVABLES                   |
| (24) NEW HOPE HOMES LIMITED DIVIDEND HOUSING ASSOCIATION LP                 | D                                | 300,000.               | LOAN GUARANTEE VALUE                            |

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

\*\* - \*\*\* 3832

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a)<br>Name of other organization   | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7) ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION                          | D                             | 3,153,621.             | LOAN VALUE                                   |
| (8) HPFH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP           | D                             | 1,612,123.             | LOAN VALUE                                   |
| (9) PINE AVENUE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP    | D                             | 482,507.               | LOAN VALUE                                   |
| (10) HEARTSIDE NONPROFIT HOUSING CORPORATION                                | E                             | 904,432.               | LOAN VALUE                                   |
| (11) FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP             | K                             | 200,004.               | RENTAL INCOME PER LEASE AGREEMENT            |
| (12) KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP           | K                             | 55,448.                | RENTAL INCOME PER LEASE AGREEMENT            |
| (13) HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER | K                             | 60,489.                | RENTAL INCOME PER LEASE AGREEMENT            |
| (14) KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP           | L                             | 133,469.               | CASH PAID FOR SERVICES                       |
| (15) 44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP      | L                             | 114,027.               | CASH PAID FOR SERVICES                       |
| (16) FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP             | L                             | 52,015.                | CASH PAID FOR SERVICES                       |
| (17) HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION                       | S                             | 44,140.                | LIMITED DISTRIBUTION PAYMENT                 |
| (18) FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP             | O                             | 105,337.               | AMOUNT PAID FOR EMPLOYEES                    |
| (19) LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION                             | O                             | 64,012.                | AMOUNT PAID FOR EMPLOYEES                    |
| (20) HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LP            | O                             | 59,973.                | AMOUNT PAID FOR EMPLOYEES                    |
| (21) HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER | O                             | 59,158.                | AMOUNT PAID FOR EMPLOYEES                    |
| (22) HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION                       | O                             | 83,777.                | AMOUNT PAID FOR EMPLOYEES                    |
| (23) ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION                         | O                             | 71,218.                | AMOUNT PAID FOR EMPLOYEES                    |
| (24) KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP           | O                             | 117,746.               | AMOUNT PAID FOR EMPLOYEES                    |

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

\*\*-\*\*\*3832

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a)<br>Name of other organization  | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|--|----------------------------------|------------------------|---|
| (7) WHITEHALL DP LIMITED DIVIDEND HOUSING<br>ASSOCIATION LIMITED PARTNERSHIP | O                                | 61,854.                | AMOUNT PAID FOR EMPLOYEES                       |
| (8) 44 IONIA LIMITED DIVIDEND HOUSING<br>ASSOCIATION LIMITED PARTNERSHIP     | O                                | 203,541.               | AMOUNT PAID FOR EMPLOYEES                       |
| (9)  |                                  |                        |   |
| (10)   |                                  |                        |   |
| (11)   |                                  |                        |   |
| (12)   |                                  |                        |   |
| (13)   |                                  |                        |   |
| (14)   |                                  |                        |   |
| (15)   |                                  |                        |   |
| (16)   |                                  |                        |   |
| (17)   |                                  |                        |   |
| (18)   |                                  |                        |   |
| (19)   |                                  |                        |   |
| (20)   |                                  |                        |   |
| (21)   |                                  |                        |   |
| (22)   |                                  |                        |   |
| (23)   |                                  |                        |   |
| (24)   |                                  |                        |   |



**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

DWELLING PLACE FOUNDATION

PRIMARY ACTIVITY: COLLECT ENDOWMENT CONTRIBUTIONS TO SUPPORT DWELLING PLACE OF GRAND RAPIDS

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

GRANDVILLE HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2 GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: GRANDVILLE HEARTSIDE NONPROFIT HOUSING CORPORATION

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2 GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: FERGUSON HEARTSIDE NONPROFIT HOUSING CORPORATION

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

NEW HOPE HOMES LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\*-\*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: NEW HOPE HOMES NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

DWELLING PLACE RURAL LIMITED DIVIDEND HOUSING ASSOCIATION

LP

EIN: \*\*-\*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: DWELLING PLACE RURAL NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HARVEST HILL LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\*-\*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: DWELLING PLACE RURAL NONPROFIT HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

WHITEHALL DP LIMITED PARTNERSHIP

DIRECT CONTROLLING ENTITY: DWELLING PLACE RURAL NONPROFIT HOUSING CORPORATION



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

KELSEY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: KELSEY NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: HEARTSIDE NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

BRIDGE STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: BRIDGE STREET NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

GOODRICH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: GOODRICH NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIBERTY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: LIBERTY NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: HALL STREET NONPROFIT HOUSING CORPORATION

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION

LIMITED PARTNERSHIP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: HERKIMER APARTMENTS NONPROFIT HOUSING  
CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION

LIMITED PARTNERSHIP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: HERKIMER APARTMENTS NONPROFIT HOUSING  
CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\* - \*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: LCH36 NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\*-\*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: ROOSEVELT NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PINE AVENUE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\*-\*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: PINE AVENUE NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HPFH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: \*\*-\*\*\*\*\*

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

NEW HOPE HOMES NPHC

DIRECT CONTROLLING ENTITY: HEARTSIDE NONPROFIT HOUSING CORPORATION

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

GRANDVILLE-HEARTSIDE NPHC

DIRECT CONTROLLING ENTITY: HEARTSIDE NONPROFIT HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

KBC NPHC

DIRECT CONTROLLING ENTITY: HEARTSIDE NONPROFIT HOUSING CORPORATION

DRAFT 06/21/2019

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  | Enter filer's identifying number   |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION</b> | Employer identification number (EIN) or<br><b>**-***3832</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>101 SHELDON BLVD SE STE 2</b>                           | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>GRAND RAPIDS, MI 49503-4262</b>       |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**STEVE RECKER**

- The books are in the care of ▶ **101 SHELDON BLVD SE STE 2 - GRAND RAPIDS, MI 49503-4540**  
Telephone No. ▶ **616-454-0928** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.