

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

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

|||||.....

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CLIENT'S COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2020

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**PREPARED FOR:**

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

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**PREPARED BY:**

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

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

# 2020

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 or person subject to tax

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

Taxpayer identification number

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

Name and title of officer or person subject to tax

**JEREMY DEROO  
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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>8,368,586.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**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 tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax

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 2020 electronically filed return 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 **10/05/21**

**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** (2020)

# 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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION</b>	Taxpayer identification number (TIN) <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. <b>101 SHELDON BLVD SE STE 2</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year **2020** 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.

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)

**2020**

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 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION</b>		<b>D</b> Employer identification number <b>** - *** 3832</b>
	Doing business as		<b>E</b> Telephone number <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>12,444,667.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>GRAND RAPIDS, MI 49503-4262</b>		
<b>F</b> Name and address of principal officer: <b>JEREMY DEROO</b> <b>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 <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <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**

<b>Activities &amp; Governance</b>	<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>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>87</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>39</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, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 3,714,397.	<b>Current Year</b> 3,120,286.
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,820,768.	5,998,672.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	593,122.	-750,372.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-21,959.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,106,328.	8,368,586.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,700.	503,854.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,417,602.	2,666,747.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>79,625.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,792,136.	2,341,537.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,216,438.	5,512,138.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,889,890.	2,856,448.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 47,856,210.	<b>End of Year</b> 50,299,812.
	<b>21</b> Total liabilities (Part X, line 26)	1,963,217.	1,913,659.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	45,892,993.	48,386,153.

**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>JEREMY DEROO, CEO</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>CAROL L. HUBBARD, CPA, CP</b>	<b>CAROL L. HUBBARD, CP</b>	<b>10/05/21</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 STE 100</b> <b>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

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 1,300 AFFORDABLE HOUSING UNITS FOR LOW AND MODERATE INCOME FAMILIES. DURING 2020, MORE THAN 1,368 HOUSEHOLDS BENEFITED FROM DWELLING PLACE HOUSING PROGRAMS INCLUDING MORE THAN 655

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 \$ 1,893,788. including grants of \$ 503,854. ) (Revenue \$ 3,736,823. )  
DWELLING PLACE PROVIDES AFFORDABLE RENT RESTRICTED HOUSING TO OVER 1,368 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 2020, DWELLING PLACE CONTINUED ITS DEVELOPMENT ACTIVITY IN SEVERAL PROJECTS. DWELLING PLACE COMPLETED 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

4b (Code: ) (Expenses \$ 631,647. including grants of \$ ) (Revenue \$ 378,742. )  
DWELLING PLACE OF GRAND RAPIDS PROVIDES SUPPORT SERVICES, INCLUDING CASE MANAGEMENT, TO LOW INCOME AND SINGLE PARENT HOUSEHOLDS. DURING 2020, DWELLING PLACE SUPPORT SERVICES WERE AVAILABLE TO 1,016 INDIVIDUALS RESIDING IN 14 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 \$ 1,291,432. including grants of \$ ) (Revenue \$ 728,616. )  
DWELLING PLACE PROVIDES NEIGHBORHOOD REVITALIZATION ALONG SIDE COMMUNITY BUILDING AND ENGAGEMENT EFFORTS TO ENHANCE COMMUNITY, STREETSCAPES, PARKS AND ENCOURAGE LOCAL BUSINESS DEVELOPMENT EFFORTS. TO FURTHER OUR EFFORTS IN COMMUNITY SUPPORT, DWELLING PLACE SUPPORTS RESIDENT LEADERSHIP, LIFESKILLS, ARTS AND GARDENING INITIATIVES IN COMMUNITIES WE SERVE. IN ADDITION TO OUR ONGOING AND NEW HOUSING AND DEVELOPMENT ACTIVITIES, DWELLING PLACE IS FREQUENTLY CALLED ON TO MAKE PRESENTATIONS AND TO CONSULT WITH OTHER COMMUNITY DEVELOPMENT CORPORATIONS THAT ARE EXPLORING THE DEVELOPMENT OF VARIOUS HOUSING AND NEIGHBORHOOD REVITALIZATION PROGRAMS.

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

4e Total program service expenses 3,816,867.

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

Form 990 (2020)

\*\*-\*\*\*3832 Page 3

**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)? <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? <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 donor-restricted endowments or in 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? <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  
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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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	26	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	28a	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	28b	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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? <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? .....	38	X

**Note:** All Form 990 filers are required to complete Schedule O

**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	13
<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		87
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<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 on 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 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?		
<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?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<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? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<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 on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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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 on 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 16		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
<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, 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 on 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 on Schedule O)
- 19** Describe on 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**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS STURTEVANT CHIEF EXECUTIVE OFFICER	40.00 1.10			X				194,837.	0.	14,542.
(2) KIM CROSS CHIEF OPERATING OFFICER	40.00			X				145,529.	0.	12,506.
(3) STEVEN RECKER CHIEF FINANCIAL OFFICER	40.00			X				144,957.	0.	12,404.
(4) ANNAMARIE BULLER CHAIRPERSON THROUGH 10/7/2020	1.00 1.00	X		X				0.	0.	0.
(5) DAVID A BYERS TREASURER THROUGH 12/23/2020	1.00	X		X				0.	0.	0.
(6) FRANCINE GASTON BOARD MEMBER	1.00 1.10	X						0.	0.	0.
(7) RENEE WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(8) ANGIE SANBORN BOARD MEMBER	1.00	X						0.	0.	0.
(9) JUAN DANIEL CASTRO CHAIRPERSON BEGINNING 10/7/2020	1.00 1.00	X		X				0.	0.	0.
(10) KYLE IRWIN BOARD MEMBER	1.00 0.10	X						0.	0.	0.
(11) TROY STRESSMAN BOARD MEMBER	1.00	X						0.	0.	0.
(12) TOMMIE WALLACE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(13) LARRY TITLEY BOARD MEMBER	1.00 1.10	X						0.	0.	0.
(14) LEE NELSON WEBER BOARD MEMBER	1.00	X						0.	0.	0.
(15) RICHARD STEVENS BOARD MEMBER	1.00	X						0.	0.	0.
(16) MARVIN THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
(17) THOMAS CARPENTER 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICH KOGELSCHATZ BOARD MEMBER	1.00	X					0.	0.	0.	
(19) SADIE ERICKSON SECRETARY	1.00	X		X			0.	0.	0.	
(20) GIL SEGOVIA BOARD MEMBER	1.00	X					0.	0.	0.	
(21) ELEANOR MORENO BOARD MEMBER	1.00	X					0.	0.	0.	
(22) TROY ZAPOLSKI BOARD MEMBER	1.00	X					0.	0.	0.	
(23) KELLIE KITCHEN BOARD MEMBER	1.00	X					0.	0.	0.	
(24) LELA LYONS BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							485,323.	0.	39,452.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							485,323.	0.	39,452.	

**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, 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) Name and business address	(B) Description of services	(C) Compensation
WOLVERINE BUILDING GROUP 4045 BARDEN SE, GRAND RAPIDS, MI 49512	BUILDING CONSTRUCTION	655,958.

**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 1

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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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	78,043.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,389,171.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,653,072.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			3,120,286.			
<b>Program Service Revenue</b>	<b>2 a</b> REAL ESTATE DEV. INCOME	<b>Business Code</b>					
		531390	2,823,913.	2,823,913.			
	<b>b</b> MANAGEMENT FEES	531390	1,092,425.	1,092,425.			
	<b>c</b> RESID/COMMERCIAL RENTS	531120	672,532.	672,532.			
	<b>d</b> REAL ESTATE RENTAL INCOME	531110	609,244.	609,244.			
	<b>e</b> OTHER RENTAL INCOME	531110	391,175.	391,175.			
	<b>f</b> All other program service revenue .....	531390	409,383.	409,383.			
<b>g Total.</b> Add lines 2a-2f .....			5,998,672.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		674,630.			674,630.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				2,651,079.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,514,973.	1,561,108.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	136,106.	-1,561,108.			
<b>d</b> Net gain or (loss) .....			-1,425,002.	-1,154,491.	-270,511.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</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 .....			8,368,586.	4,844,181.	0.	404,119.	

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

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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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	503,854.	503,854.		
<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 .....	524,776.	396,349.	107,489.	20,938.
<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 .....	1,682,896.	822,979.	816,407.	43,510.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	50,381.	22,578.	26,910.	893.
<b>9</b> Other employee benefits .....	227,918.	159,361.	64,691.	3,866.
<b>10</b> Payroll taxes .....	180,776.	102,393.	72,966.	5,417.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	51,961.	30,890.	21,071.	
<b>c</b> Accounting .....	65,278.	635.	64,643.	
<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.)	198,469.	117,329.	79,955.	1,185.
<b>12</b> Advertising and promotion .....	6,527.	4,027.	2,500.	
<b>13</b> Office expenses .....	100,575.	47,677.	51,796.	1,102.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	594,046.	521,154.	72,112.	780.
<b>17</b> Travel .....	1,490.		1,490.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	32,138.	8,767.	23,247.	124.
<b>20</b> Interest .....	12,035.	12,035.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	370,052.	261,347.	108,705.	
<b>23</b> Insurance .....	31,759.	16,268.	15,491.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FORGIVENESS OF DEBT EXP</b>	638,656.	638,656.		
<b>b</b> <b>REPAIRS AND MAINTENANCE</b>	120,593.	82,641.	37,952.	
<b>c</b> <b>COMPUTER CONSULTING</b>	52,220.	18,005.	33,418.	797.
<b>d</b> <b>BAD DEBT</b>	30,024.	30,024.		
<b>e</b> All other expenses .....	35,714.	19,898.	14,803.	1,013.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	5,512,138.	3,816,867.	1,615,646.	79,625.
<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  
HOUSING CORPORATION**

Form 990 (2020)

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**Part X Balance Sheet**

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

		<b>(A)</b>			<b>(B)</b>	
		Beginning of year			End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,236,401.	<b>1</b>		5,572,528.	
	<b>2</b> Savings and temporary cash investments .....	593,957.	<b>2</b>		185,199.	
	<b>3</b> Pledges and grants receivable, net .....	564,360.	<b>3</b>		442,500.	
	<b>4</b> Accounts receivable, net .....	3,266,616.	<b>4</b>		3,764,161.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	15,031,715.	<b>7</b>		17,118,810.	
	<b>8</b> Inventories for sale or use .....			<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	4,229.	<b>9</b>		32,767.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	9,970,529.	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation .....	3,950,731.	<b>10b</b>			
	<b>11</b> Investments - publicly traded securities .....	6,147,742.	<b>10c</b>		6,019,798.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,142,622.	<b>11</b>		8,517,111.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	9,580,616.	<b>12</b>		8,350,553.	
	<b>14</b> Intangible assets .....	287,952.	<b>13</b>		296,385.	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>			
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	47,856,210.	<b>15</b>		50,299,812.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	690,058.	<b>16</b>		664,547.	
	<b>18</b> Grants payable .....		<b>17</b>			
	<b>19</b> Deferred revenue .....	41,069.	<b>18</b>		54,294.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>			
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	327,658.	<b>22</b>		256,054.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	904,432.	<b>24</b>		938,764.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,963,217.	<b>25</b>		1,913,659.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	44,869,679.	<b>26</b>		47,198,050.	
	<b>28</b> Net assets with donor restrictions .....	1,023,314.	<b>27</b>		1,188,103.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>			
	<b>32</b> Total net assets or fund balances .....	45,892,993.	<b>31</b>		48,386,153.	
	<b>33</b> Total liabilities and net assets/fund balances .....	47,856,210.	<b>32</b>		50,299,812.	

Form **990** (2020)



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

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	8,368,586.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	5,512,138.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	2,856,448.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	45,892,993.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	250,892.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	-614,180.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	48,386,153.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> 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 on Schedule O.			
<b>3a</b> 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>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 on Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>	<b>X</b>	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

DWELLING PLACE OF GRAND RAPIDS NONPROFIT

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4203284.	2022061.	5806465.	3714397.	3120286.	18866493.
<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 .....	4203284.	2022061.	5806465.	3714397.	3120286.	18866493.
<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.						18866493.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4203284.	2022061.	5806465.	3714397.	3120286.	18866493.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	241,450.	378,457.	397,801.	647,369.	674,630.	2339707.
<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.) .....	4,220.	253,280.		1,247.		258,747.
<b>11 Total support.</b> Add lines 7 through 10						21464947.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	18,045,942.
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.89 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	91.64 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 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 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and activities.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**DWELLING PLACE OF GRAND RAPIDS NONPROFIT**

Schedule A (Form 990 or 990-EZ) 2020

**HOUSING CORPORATION**

\*\*-\*\*\*3832 Page 7

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



DWELLING PLACE OF GRAND RAPIDS NONPROFIT

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

2016 AMOUNT: \$ 3,432.

2019 AMOUNT: \$ 1,247.

MISCELLANEOUS

2016 AMOUNT: \$ 788.

2017 AMOUNT: \$ 260.

LAUNDRY AND OTHER CHARGES

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

**2020**

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 <b>DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION</b>	Employer identification number <b>** - *** 3832</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HEARTSIDE NPHC 101 SHELDON BLVD SE GRAND RAPIDS, MI 49503	\$ 78,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEIGHBORWORKS AMERICA 999 N. CAPITOL ST NE, SUITE 900 WASHINGTON, DC 20002	\$ 503,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STEELCASE FOUNDATION 901 44TH ST SE GRAND RAPIDS, MI 49508	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MICHIGAN NONPROFIT HOUSING CORPORATION 350 S MAIN STREET, SUITE 400 ANN ARBOR, MI 48104	\$ 172,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DOWNTOWN GRAND RAPIDS INC. 29 PEARL ST NW #1 GRAND RAPIDS, MI 49503	\$ 118,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE DOUGLAS & MARIA DEVOS FOUNDATION PO BOX 230257 GRAND RAPIDS, MI 49523-0257	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION</b>	Employer identification number <b>** - *** 3832</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DICK & BETSY DEVOS FAMILY FOUNDATION PO BOX 230257 GRAND RAPIDS, MI 49523-0257	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CDV5 FOUNDATION PO BOX 230257 GRAND RAPIDS, MI 49523-0257	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON DC, DC 20416	\$ 758,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION</b>	Employer identification number <b>**-***3832</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
  - 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term 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:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		467,781.		467,781.
b Buildings		7,122,106.	3,199,730.	3,922,376.
c Leasehold improvements		969,028.	254,239.	714,789.
d Equipment		566,319.	496,762.	69,557.
e Other		845,295.		845,295.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,019,798.



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

Schedule D (Form 990) 2020

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**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	18,131.	COST
(3) INVESTMENT IN DP RURAL		
(4) NPHC	18,400.	COST
(5) INVESTMENT IN GOODRICH		
(6) NPHC	92,892.	COST
(7) INVESTMENT IN HALL STREET		
(8) LDHA	-124,870.	COST
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	8,350,553.	

**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) SECURITY DEPOSITS	34,332.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	938,764.

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

Schedule D (Form 990) 2020

**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.

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule D (Form 990)

**Part XIII Supplemental Information** *(continued)*

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
INVESTMENT IN HEARTSIDE NPHC	2,830,419.	COST
INVESTMENT IN HERKIMER APARTMENTS	2,166,014.	COST
INVESTMENT IN KELSEY NPHC	565,987.	COST
INVESTMENT IN LCH36 LDHA	100.	COST
INVESTMENT IN LIBERTY NPHC	1,570,152.	COST
INVESTMENT IN NEW HOPE HOMES LDHA	183,831.	COST
INVESTMENT IN SHELDON-WESTON, INC.	275,100.	COST
INVESTMENT IN ROOSEVELT LDHA	100.	COST
INVESTMENT IN PINE AVENUE LDHA	100.	COST
INVESTMENT IN HARRISON PARK LDHA	100.	COST
INVESTMENT IN FERGUSON APARTMENTS LDHA	100.	COST
INVESTMENT IN GRANDVILLE-HEARTSIDE LDHA	92,584.	COST
INVESTMENT IN HARVEST HILL LDHA	85,376.	COST
INVESTMENT IN HERKIMER COMMERCE LDHA	-21,694.	COST
INVESTMENT IN WHITEHALL LDHA	597,731.	COST

**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

**2020**

**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 SHELDON BLVD, STE 2 - GRAND RAPIDS, MI 49503	●●*: *___** - *501025(3)		7,000.	0.			GRANT FROM DWELLING PLACE TO COVER AUDIT FEES
FERGUSON HEARTSIDE LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___** - **5092		14,887.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
GOODRICH LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___** - **5733		5,827.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
HPFH LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___** - **1957		7,589.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
HARVEST HILL LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___** - **2254		8,599.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
HERKIMER APARTMENTS LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___** - **5056		16,290.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **3.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **23.**

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

Schedule I (Form 990) 2020

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

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERKIMER COMMERCE LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - **6828		10,447.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
LCH36 LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - **7663		14,102.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
LIBERTY LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - **5606		14,005.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
MARTINEAU HOLDINGS LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - **1432		6,242.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
HALL STREET LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - **8360		19,602.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
ROOSEVELT LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - **3823		18,026.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
KBC LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - **6080		29,391.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
SAWKAW, INC. 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - 507461(4)		9,795.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
WHITEHALL LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - **0731		13,865.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED

Schedule I (Form 990)

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

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
44 IONIA LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - **8469		45,543.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
DP RURAL LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___* - **3345		9,533.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
GENESIS LDHA LP I 851 LEONARD ST NW GRAND RAPIDS, MI 49504	●●*: *___* - **5717		7,356.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
GENESIS WEST LDHA LP 851 LEONARD ST NW GRAND RAPIDS, MI 49504	●●*: *___* - **8725		10,338.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
HERON COURTYARD LDHA LP 851 LEONARD ST NW GRAND RAPIDS, MI 49504	●●*: *___* - **2593		6,845.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
HERON MANOR LDHA LP 851 LEONARD ST NW GRAND RAPIDS, MI 49504	●●*: *___* - **6038		8,994.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
KINGSBURY LDHA LP 851 LEONARD ST NW GRAND RAPIDS, MI 49504	●●*: *___* - **1148		8,313.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
GENESIS LDHA LP 851 LEONARD ST NW GRAND RAPIDS, MI 49504	●●*: *___* - **6910		6,777.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED
ST. JAMES LDHA LP 851 LEONARD ST NW GRAND RAPIDS, MI 49504	●●*: *___* - **7134		15,576.	0.			PASS THROUGH FUNDING FROM DWELLING PLACE FROM PPP FUNDS RECEIVED

Schedule I (Form 990)

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

Schedule I (Form 990)

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Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTINEAU HOLDINGS LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___** - **1432		8,458.	0.			RENTAL ASSISTANCE THROUGH UNITED WAY
KELSEY LDHA LP 101 SHELDON BLVD, STE 2 GRAND RAPIDS, MI 49503	●●*: *___** - **7199		6,388.	0.			RENTAL ASSISTANCE THROUGH UNITED WAY
DWELLING PLACE REGIONAL COMMUNITY LAND TRUST - 101 SHELDON BLVD, STE 2 - GRAND RAPIDS, MI 49503	●●*: *___** - *505107(3)		132,755.	0.			START UP GRANTS

**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. DURING 2020, DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION RECEIVED FORGIVENESS OF THEIR PAYCHECK PROTECTION PROGRAM LOAN AND PASSED THE FORGIVENESS ONTO THE HOUSING PROJECTS THE CORPORATION MANAGES.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<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>	

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

Schedule J (Form 990) 2020

**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 CHIEF EXECUTIVE OFFICER	(i)	194,837.	0.	0.	7,865.	6,677.	209,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIM CROSS CHIEF OPERATING OFFICER	(i)	145,529.	0.	0.	5,884.	6,622.	158,035.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVEN RECKER CHIEF FINANCIAL OFFICER	(i)	144,957.	0.	0.	5,852.	6,552.	157,361.	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)							
	(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.

SCHEDULE L  
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

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 section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 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
DWELLING PLACE BOARD MEMBE	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: DWELLING PLACE BOARD MEMBERS

(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

**2020**

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 INDIVIDUALS. IN ITS EFFORTS TO REVITALIZE  
NEIGHBORHOODS, DWELLING PLACE HAS DEVELOPED AND MANAGES MORE THAN 40  
COMMERCIAL SPACES, LEASING BOTH TO NOT-FOR-PROFIT ORGANIZATIONS AND  
FOR-PROFIT BUSINESSES THAT OFFER CRITICAL SERVICES AND CREATE JOBS IN  
THE NEIGHBORHOODS WHERE DWELLING PLACE IS PRESENT. DWELLING PLACE ALSO  
OFFERS CRITICAL SOCIAL SERVICES FOR RESIDENTS WHO MAY REQUIRE THOSE  
SERVICES TO MAINTAIN HOUSING STABILITY AND IMPORTANT BUSINESS SUPPORT  
TO SMALL AND START-UP BUSINESSES IN THE NEIGHBORHOODS WHERE IT WORKS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TAX CREDIT UNITS, THIS PROJECT WILL HAVE 23 SECTION 8 PROJECT BASED  
VOUCHERS, 12 OF THOSE VOUCHERS WILL SERVE SURVIVORS OF DOMESTIC  
VIOLENCE. THESE TWO PROJECTS ARE WITHIN AN AREA IN WHICH THE SCHOOLS  
HAVE A CHALLENGE SCHOLARS PROGRAM THROUGH THE GRAND RAPIDS COMMUNITY  
FOUNDATION, WHICH PROVIDES 4 YEARS OF TUITION FREE COLLEGE FOR STUDENTS  
WHO MEET THE CRITERIA.

DWELLING PLACE WAS AWARDED TAX CREDITS ON 2 MORE PROJECTS ON THE WEST  
SIDE OF THE CITY OF GRAND RAPIDS, THE FIRST PROJECT, GRANDVILLE AVENUE,  
CONSISTS OF 24 TAX CREDIT UNITS, THE SECOND PROJECT, FRANKLIN AVENUE  
APARTMENTS, CONSISTS OF 24 TAX CREDIT UNITS. ALL PROJECTS ARE LOCATED

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION	Employer identification number **-***3832
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IN AN AREA WITH A SHORTAGE OF AFFORDABLE HOUSING. BOTH PROJECTS ARE FAMILY HOUSING CONSISTING OF TWO AND THREE BEDROOMS. BOTH OF THESE PROJECTS ARE DUE TO BE COMPLETED IN THE BEGINNING OF 2021. DWELLING PLACE ALSO RECEIVED TAX CREDITS TO RESYNDICATE ONE OF OUR EXISTING PROJECTS FERGUSON APARTMENTS. THIS PROJECT SERVES INDIVIDUALS WHO ARE HOMELESS AND DISABLED, WITH AT LEAST 70 UNITS SERVING CRONICALLY HOMELESS INDIVIDUALS. FERGUSON APARTMENTS PREVIOUSLY CONSISTED OF 101 TAX CREDIT UNITS AND 100 SECTION 8 UNITS. THE NEW PROJECT WILL CONSIST OF 119 TAX CREDIT UNITS, 100 OF THOSE UNITS WILL REMAIN SECTION 8 THROUGH A RAD CONVERSION. THIS PROJECT IS ALSO RECEIVING HISTORIC PRESERVATION AND SOLAR TAX CREDITS. THIS PROJECT BEGAN CONSTRUCTION DURING 2020.

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.

Name of the organization DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION	Employer identification number **-***3832
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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 INCOME FROM REAL ESTATE	-609,244.
INVESTMENT INTEREST FROM REAL ESTATE	-4,936.
TOTAL TO FORM 990, PART XI, LINE 9	-614,180.

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

FINANCE COMMITTEE RECOMMENDS TO ACCEPT THE AUDITED FINANCIAL STATEMENTS. NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.



**SCHEDULE R  
(Form 990)**

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

**2020**

**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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DP STC LLC 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MICHIGAN	635.		DWELLING PLACE OF GRAND RAPIDS
DWELLING PLACE, INC 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MICHIGAN	285.		DWELLING PLACE OF GRAND RAPIDS
DP-FERGUSON LLC 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MICHIGAN	-137,964.	0.	DWELLING PLACE OF GRAND RAPIDS
DP HARVEST HILL LLC 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MICHIGAN	-48,000.		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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ELMDALE NONPROFIT HOUSING CORPORATION - 20-0363774, 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 - 38-2600226, 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 - 20-2584283 101 SHELDON BLVD SE 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	
DWELLING PLACE REGIONAL COMMUNITY LAND TRUST - 85-1916187, 101 SHELDON BLVD SE, GRAND RAPIDS, MI 49503-4262	CREATE AND PRESERVE A SUPPLY OF AFFORDABLE HOMES FOR LOW-INCOME HOUSEHOLDS	MICHIGAN	501(C)(3)	LINE 7	DWELLING PLACE OF GRAND RAPIDS, INC.	X	

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

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

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DP WHITE RIVER LLC 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MICHIGAN	20,540.		DWELLING PLACE OF GRAND RAPIDS
DP WHITEHALL LLC 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MICHIGAN	-75,107.		DWELLING PLACE OF GRAND RAPIDS
DP KELSEY LLC 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MICHIGAN	-100,776.		DWELLING PLACE OF GRAND RAPIDS
DP JOINT VENTURES NONPROFIT HOUSING CORPORATION, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION	MICHIGAN	-4.		DWELLING PLACE OF GRAND RAPIDS

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990) 2020

\*\* - \*\*\* 3832 Page 2

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 20-19684, 101 SHELDON BLVD SE, STE 2, GRAND BRIDGE STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 26-, 101 SHELDON BLVD SE, STE 2, DWELLING PLACE RURAL LIMITED DIVIDEND HOUSING ASSOCIATION LP - 38-3543345, 101 SHELDON BLVD SE, STE 2, GRAND RAPIDS, FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP , 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	HEARTSIDE NONPROFIT HOUSING CORPORATION	RELATED				X	N/A	X		
	LOW INCOME HOUSING	MI	BRIDGE STREET NONPROFIT HOUSING CORPORATION	RELATED				X	N/A	X		
	LOW INCOME HOUSING	MI	DWELLING PLACE RURAL NONPROFIT HOUSING	RELATED	20,540.	1,156,697.		X	N/A	X		
	LOW INCOME HOUSING	MI	FERGUSON HEARTSIDE NONPROFIT HOUSING	RELATED				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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NEW HOPE HOMES NPHC - 38-3266354 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	N/A	C CORP	N/A	N/A	N/A		X
GRANDVILLE-HEARTSIDE NPHC - 38-3351211 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	N/A	C CORP	N/A	N/A	N/A		X
SHELDON-WESTON, INC. - 38-3364624 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP	0.	-21,353.	100%	X	
FERGUSON-HEARTSIDE NPHC - 38-3518497 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP	105.	0.	100%	X	
DP RURAL NPHC - 38-3543206 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP	2.	612,313.	100%	X	

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GOODRICH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 27-05757, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	GOODRICH NONPROFIT HOUSING CORPORATION	RELATED				X	N/A		X	
GRANDVILLE HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP - 38-3351141, 101 SHELDON BLVD SE, STE 2, GRAND RAPIDS,	LOW INCOME HOUSING	MI	GRANDVILLE HEARTSIDE NONPROFIT HOUSING	RELATED	665,792.	668,251.		X	N/A		X	
HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 26-30, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	HALL STREET NONPROFIT HOUSING CORPORATION	RELATED				X	N/A		X	
HARVEST HILL LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 37-1, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	DWELLING PLACE RURAL NONPROFIT HOUSING	RELATED	-48,000.	1,273,881.		X	N/A		X	
HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	HERKIMER APARTMENTS NONPROFIT HOUSING	RELATED				X	N/A		X	
HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP -, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	HERKIMER APARTMENTS NONPROFIT HOUSING	RELATED				X	N/A		X	
HPFH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 61-1801957, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	HPFH NONPROFIT HOUSING CORPORATION	RELATED				X	N/A		X	
KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 20-1356080, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	KBC NONPROFIT HOUSING CORPORATION	RELATED				X	N/A		X	
KELSEY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 20-0567199, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	KELSEY NONPROFIT HOUSING CORPORATION	RELATED	-100,776.	1,821,316.		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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 47-3197663, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	LCH36 NONPROFIT HOUSING CORPORATION	RELATED				X	N/A	X		
LIBERTY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 20-543560, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	LIBERTY NONPROFIT HOUSING CORPORATION	RELATED				X	N/A	X		
NEW HOPE HOMES LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 38, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	NEW HOPE HOMES NONPROFIT HOUSING CORPORATION	RELATED	-59,377.	571,349.		X	N/A	X		
PINE AVENUE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 82-08, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	PINE AVENUE NONPROFIT HOUSING CORPORATION	RELATED				X	N/A	X		
ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 47-3183, 101 SHELDON BLVD SE, STE 2, GRAND	LOW INCOME HOUSING	MI	ROOSEVELT NONPROFIT HOUSING CORPORATION	RELATED				X	N/A	X		
WHITEHALL DP LIMITED PARTNERSHIP - 01-0790731, 101 SHELDON BLVD SE, STE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE RURAL NONPROFIT HOUSING	RELATED	-75,107.	1,414,328.		X	N/A	X		
PLAZA FRANKLIN LIMITED DIVIDEND HOUSING ASSOCIATION LLC - 82-4154099, 101 SHELDON BLVD SE, STE 2, GRAND RAPIDS,	LOW INCOME HOUSING	MI	DP FRANKLIN LLC	RELATED				X	N/A	X		
PLAZA GRANDVILLE LIMITED DIVIDEND HOUSING ASSOCIATION LLC - 82-4182476, 101 SHELDON BLVD SE, STE 2, GRAND RAPIDS,	LOW INCOME HOUSING	MI	DP GRANDVILLE LLC	RELATED				X	N/A	X		
FERGUSON APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION - 61-1898460, 101 SHELDON BLVD SE, STE 2, GRAND RAPIDS,	LOW INCOME HOUSING	MI	NEW FERGUSON LLC	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
KELSEY NPHC - 20-0566789 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP	0.	565,987.	100%	X	
KBC NPHC - 20-1355857 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	N/A	C CORP	N/A	N/A	N/A		X
BRIDGE STREET NONPROFIT HOUSING CORPORATION - 26-3068078, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP	0.	1,636.	100%	X	
GOODRICH NONPROFIT HOUSING CORPORATION - 27-0575514, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP	1.	92,997.	100%	X	
LIBERTY NONPROFIT HOUSING CORPORATION - 20-5412079, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP	2.	1,570,072.	100%	X	
HALL STREET NONPROFIT HOUSING CORPORATION - 26-3068286, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP	5,591.	100.	100%	X	
HERKIMER APARTMENTS NONPROFIT HOUSING CORPORATION - 45-4429764, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP	3.	2,143,940.	100%	X	
LCH36 NONPROFIT HOUSING CORPORATION - 47-3184370, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP		100.	100%		X
ROOSEVELT NONPROFIT HOUSING CORPORATION - 47-3172351, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP		100.	100%		X
HERKIMER CONDOMINIUM ASSOCIATION - 47-3260791, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP			100%		X
MARTINEAU CONDOMINIUM ASSOCIATION - 47-3412870, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP			100%		X
ROOSEVELT CONDOMINIUM ASSOCIATION - 47-5510981, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP			100%		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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
101 SHELDON CONDOMINIUM ASSOCIATION - 27-0936214, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP		30,885.	100%		X
HPFH NONPROFIT HOUSING CORPORATION - 81-3534807, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP		100.	100%		X
PINE AVENUE NONPROFIT HOUSING CORPORATION - 82-0884418, 101 SHELDON BLVD, SUITE 2, GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP		100.	100%		X
DP FRANKLIN LLC - 82-4127829 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP			100%		X
DP GRANDVILLE LLC - 82-4154443 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP			100%		X
NEW FERGUSON LLC - 83-1435080 101 SHELDON BLVD, SUITE 2 GRAND RAPIDS, MI 49503	LOW INCOME HOUSING	MI	DWELLING PLACE OF GRAND RAPIDS NPHC	C CORP	1.	32,471.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) 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) ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION	A	56,432.	ACCRUED INTEREST
(5) HPFH LIMITED DIVIDEND HOUSING ASSOCIATION PLAZA FRANKLIN LIMITED DIVIDEND HOUSING	A	118.	ACCRUED INTEREST
(6) ASSOCIATION	A	18,703.	ACCRUED INTEREST



DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) PLAZA GRANDVILLE LIMITED DIVIDEND HOUSING ASSOCIATION	A	23,195.	ACCRUED INTEREST
(8) GRANDVILLE-HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP	A	2,972.	ACCRUED INTEREST
(9) FERGUSON APARTMENTS LIMITED DIVIDENT HOUSING ASSOCIATION	A	29,217.	ACCRUED INTEREST
(10) PINE AVENUE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	A	17,383.	ACCRUED INTEREST
(11) HEARTSIDE NONPROFIT HOUSING CORPORATION	C	78,043.	CASH
(12) WHITEHALL DP LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	659,073.	LOAN VALUE, LOAN GUARANTEE
(13) 44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	2,824,364.	LOAN GUARANTEE VALUE
(14) BRIDGE STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	716,974.	LOAN VALUE, LOAN GUARANTEE VALUE
(15) DWELLING PLACE RURAL LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	602,469.	LOAN VALUE, LOAN GUARANTEE VALUE
(16) GOODRICH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	1,389,706.	LOAN VALUE, LOAN GUARANTEE VALUE
(17) GRANDVILLE-HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	168,920.	LOAN GUARANTEE VALUE
(18) HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION	D	5,171,529.	LOAN GUARANTEE VALUE
(19) HARVEST HILL LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	500,850.	LOAN VALUE, LOAN GUARANTEE VALUE
(20) HEARTSIDE NONPROFIT HOUSING CORPORATION	D	1,073,949.	LOAN VALUE AND INTEREST
(21) HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	2,829,950.	LOAN VALUE, LOAN GUARANTEE VALUE
(22) HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER	D	1,609,744.	LOAN VALUE, LOAN GUARANTEE VALUE
(23) KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	4,189,434.	LOAN VALUE, LOAN GUARANTEE VALUE
(24) KELSEY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	625,119.	LOAN VALUE, LOAN GUARANTEE

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION	D	1,451,760.	LOAN VALUE, LOAN GUARANTEE VALUE
(8) LIBERTY LIMITED DIVIDEND HOUSING ASSOCIATION	D	5,694,127.	LOAN VALUE, LOAN GUARANTEE VALUE
(9) MARTINEAU HOLDINGS LIMITED DIVIDEND HOUSING ASSOCIATION	D	437,565.	LOAN VALUE, OTHER RECEIVABLES
(10) FERGUSON APARTMENTS LIMITED DIVIDENT HOUSING ASSOCIATION	D	7,415,891.	LOAN VALUE, LOAN GUARANTEE VALUE
(11) NEW HOPE HOMES LIMITED DIVIDEND HOUSING ASSOCIATION LP	D	375,410.	LOAN GUARANTEE VALUE
(12) ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION	D	2,748,219.	LOAN VALUE
(13) HPFH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	2,265,971.	LOAN VALUE
(14) PINE AVENUE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	D	1,217,400.	LOAN VALUE
(15) HEARTSIDE NONPROFIT HOUSING CORPORATION	E	904,432.	LOAN VALUE
(16) PLAZA FRANKLIN LIMITED DIVIDEND HOUSING ASSOCIATION	D	2,446,071.	LOAN VALUE
(17) PLAZA GRANDVILLE LIMITED DIVIDEND HOUSING ASSOCIATION	D	2,092,212.	LOAN VALUE
(18) FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP	K	100,002.	RENTAL INCOME PER LEASE AGREEMENT
(19) KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	K	57,688.	RENTAL INCOME PER LEASE AGREEMENT
(20) HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER	K	77,343.	RENTAL INCOME PER LEASE AGREEMENT
(21) KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	L	175,848.	CASH PAID FOR SERVICES
(22) 44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	L	164,606.	CASH PAID FOR SERVICES
(23) HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER	L	158,819.	CASH PAID FOR SERVICES
(24) HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LP	L	83,610.	CASH PAID FOR SERVICES

DWELLING PLACE OF GRAND RAPIDS NONPROFIT  
HOUSING CORPORATION

Schedule R (Form 990)

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION	L	107,372.	CASH PAID FOR SERVICES
(8) LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION	O	76,735.	AMOUNT PAID FOR EMPLOYEES
(9) HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LP	O	86,782.	AMOUNT PAID FOR EMPLOYEES
(10) HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER	O	90,164.	AMOUNT PAID FOR EMPLOYEES
(11) HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION	O	101,236.	AMOUNT PAID FOR EMPLOYEES
(12) ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION	O	89,637.	AMOUNT PAID FOR EMPLOYEES
(13) KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	O	129,934.	AMOUNT PAID FOR EMPLOYEES
(14) WHITEHALL DP LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	O	71,093.	AMOUNT PAID FOR EMPLOYEES
(15) 44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP	O	238,256.	AMOUNT PAID FOR EMPLOYEES
(16) LIBERTY LIMITED DIVIDEND HOUSING ASSOCIATION	O	69,008.	AMOUNT PAID FOR EMPLOYEES
(17) ELMDALE NONPROFIT HOUSING CORPORATION	D	574,824.	LOAN VALUE
(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:

44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: 20-1968469

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: HEARTSIDE NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

BRIDGE STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: 26-3068199

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:

DWELLING PLACE RURAL LIMITED DIVIDEND HOUSING ASSOCIATION

LP

**Part VII** Supplemental Information

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

EIN: 38-3543345

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:

FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION  
LIMITED PARTNERSHIP

EIN: 38-3525092

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:

GOODRICH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED  
PARTNERSHIP

EIN: 27-0575733

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: GOODRICH NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

GRANDVILLE HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION  
LP

EIN: 38-3351141

101 SHELDON BLVD SE, STE 2

Part VII Supplemental Information

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

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: GRANDVILLE HEARTSIDE NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP

EIN: 26-3068360

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: HALL STREET NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HARVEST HILL LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP

EIN: 37-1422254

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:

HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP

EIN: 61-1675056

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: HERKIMER APARTMENTS 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:

HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION

LIMITED PARTNERSHIP

EIN: 38-3866828

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:

HPFH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: 61-1801957

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: 20-1356080

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

KELSEY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP



**Part VII Supplemental Information**

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

EIN: 20-0567199

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: KELSEY NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LCH36 LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: 47-3197663

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: LCH36 NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIBERTY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: 20-5435606

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: LIBERTY NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEW HOPE HOMES LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: 38-3266358

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: NEW HOPE HOMES 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:

PINE AVENUE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: 82-0895465

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:

ROOSEVELT LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

PARTNERSHIP

EIN: 47-3183823

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: ROOSEVELT NONPROFIT HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

WHITEHALL DP LIMITED PARTNERSHIP

DIRECT CONTROLLING ENTITY: DWELLING PLACE RURAL NONPROFIT HOUSING  
CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PLAZA FRANKLIN LIMITED DIVIDEND HOUSING ASSOCIATION LLC

EIN: 82-4154099

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

**Part VII** Supplemental Information

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PLAZA GRANDVILLE LIMITED DIVIDEND HOUSING ASSOCIATION LLC

EIN: 82-4182476

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

FERGUSON APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION

EIN: 61-1898460

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

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