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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**A** For the 2013 calendar year, or tax year beginning and ending

**B** Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
101 SHELDON BLVD SE STE 2

City or town, state or province, country, and ZIP or foreign postal code
GRAND RAPIDS, MI 49503-4262

**F** Name and address of principal officer: DENNIS STURTEVANT
SAME AS C ABOVE

**D** Employer identification number
38-2313832

**E** Telephone number
616-454-0928

**G** Gross receipts $ 5,409,488.

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.DWELLINGPLACEGR.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

## Part I Summary

| | | | |
|---|---|---|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: THE MISSION OF DWELLING PLACE IS TO IMPROVE THE LIVES OF PEOPLE BY CREATING QUALITY AFFORDABLE | |
| | 2 | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 16 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 16 |
| | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 91 |
| | 6 | Total number of volunteers (estimate if necessary) | 350 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 2,373,296. | 881,580. |
| | 9 | Program service revenue (Part VIII, line 2g) | 2,793,332. | 2,843,696. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 184,188. | -319,727. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,964,131. | 429,214. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,314,947. | 3,834,763. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 188,081. | 1,062. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,299,778. | 1,353,535. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 141,030. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,669,113. | 1,482,053. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,156,972. | 2,836,650. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 3,157,975. | 998,113. |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 25,484,635. | 25,673,573. |
| | 21 | Total liabilities (Part X, line 26) | 1,147,023. | 582,005. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 24,337,612. | 25,091,568. |

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## Part II Signature Block

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

| | | |
|---|---|---|
| Sign Here | ▶ Signature of officer | Date 6-25-14 |
| | ▶ DENNIS STURTEVANT, CEO<br>Type or print name and title | |

| | | | | | |
|---|---|---|---|---|---|
| Paid Preparer Use Only | Print/Type preparer's name<br>CAROL HUBBARD, CPA CPIM | Preparer's signature<br>CAROL HUBBARD, CPA C | Date<br>05/27/14 | Check ☐ if self-employed | PTIN<br>P00184517 |
| | Firm's name ▶ BEENE GARTER LLP | | | Firm's EIN ▶ | 38-1337372 |
| | Firm's address ▶ 56 GRANDVILLE AVE SW SUITE 100<br>GRAND RAPIDS, MI 49503-4036 | | | Phone no. | 616-235-5200 |

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



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 21 2014

917-20 5

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
DWELLING PLACE CONTINUES TO FULFILL ITS MISSION BY DEVELOPING, OWNING AND MANAGING MORE THAN 1,200 AFFORDABLE HOUSING UNITS FOR LOW AND MODERATE INCOME FAMILIES. DURING 2013, MORE THAN 1,200 HOUSEHOLDS BENEFITED FROM DWELLING PLACE HOUSING PROGRAMS INCLUDING MORE THAN 300

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses $ 1,489,771. including grants of $ ) (Revenue $ 2,733,732.)
DWELLING PLACE PROVIDES AFFORDABLE RENT RESTRICTED HOUSING TO OVER 1,200 LOW INCOME HOUSEHOLDS IN WEST MICHIGAN, ASSISTS HOUSEHOLDS IN ACCESSING SUPPORT SERVICES WHEN REQUESTED, AND OPERATES ECONOMIC DEVELOPMENT PROGRAMS IN THE AREA THROUGH LEASING OVER 40 COMMERCIAL SPACES. IN 2013, DWELLING PLACE CONTINUED ITS DEVELOPMENT ACTIVITY IN SEVERAL PROJECTS. IN DECEMBER 2012, DWELLING PLACE CLOSED ON THE HERKIMER RENOVATION PROJECT CREATING TWO NEW PROJECTS. THESE PROJECTS NEARED COMPLETION DURING 2013. THE FIRST PROJECT, THE RENOVATION OF THE HISTORIC HERKIMER HOTEL, FORMERLY HERKIMER APARTMENTS, IS THE RENOVATION OF THE 122 UNIT APARTMENT INTO A NEWLY RENOVATED 55 UNIT APARTMENT COMPLEX PROVIDING AFFORDABLE HOUSING TO HOMELESS OR SPECIAL NEEDS INDIVIDUALS. THE SECOND PROJECT CONSISTS OF NEW CONSTRUCTION

4b (Code ) (Expenses $ 113,051. including grants of $ 1,062.) (Revenue $ 7,984.)
DWELLING PLACE OF GRAND RAPIDS PROVIDES SUPPORT SERVICES, INCLUDING CASE MANAGEMENT, TO LOW INCOME AND SINGLE PARENT HOUSEHOLDS. DWELLING PLACE ALSO PROVIDES TRANSITIONAL HOUSING SERVICES TO APPROXIMATELY 30-45 WOMEN AND CHILDREN. LIZ'S HOUSE, CURRENTLY SUPPORTED BY DONATIONS, THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, THE CITY OF GRAND RAPIDS AND UNITED WAY, IN ADDITION TO ITS RENTAL INCOME, WILL REMAIN A TRANSITIONAL HOUSING PROGRAM FOR WOMEN AND CHILDREN.

4c (Code ) (Expenses $ 663,644. including grants of $ ) (Revenue $ 522,586.)
DWELLING PLACE PROVIDES NEIGHBORHOOD REVITALIZATION EFFORTS TO ENHANCE THE HEARTSIDE STREETSCAPE AND ENCOURAGE LOCAL BUSINESS DEVELOPMENT EFFORTS. TO FURTHER OUR EFFORTS IN SUPPORT OF THE GROWING ARTS COMMUNITY IN THE HEARTSIDE NEIGHBORHOOD, DWELLING PLACE CONTINUES ITS MARKETING FOR THE AWARD WINNING AVENUE FOR THE ARTS INITIATIVE THAT IS LOCATED THERE. 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 in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses ▶ 2,266,466.

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | X | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | | X |
| 22 | Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| 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? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | X | |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | X | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 15 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 91 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O* | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| b | If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| 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 | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | 14b | | | |

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

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

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a 16 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 16 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | 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? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | X |

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

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

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶

DENNIS STURTEVANT - 616-454-0928

101 SHELDON BLVD. SUITE 2, GRAND RAPIDS, MI 49503-4540

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

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

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

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

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

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

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

| (A) 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) LARRY TITLEY | 1.00 | | | | | | | | | |
| CHAIRPERSON | 1.10 | X | | X | | | | 0. | 0. | 0. |
| (2) ANNAMARIE BULLER | 1.00 | | | | | | | | | |
| VICE-CHARIPERSON | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) FRANCINE GASTON | 1.00 | | | | | | | | | |
| SECRETARY | 1.10 | X | | X | | | | 0. | 0. | 0. |
| (4) MICHAEL MCDANIELS | 1.00 | | | | | | | | | |
| TREASURER | 1.10 | X | | X | | | | 0. | 0. | 0. |
| (5) RENEE WILLIAMS | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| (6) KYLE IRWIN | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.10 | X | | | | | | 0. | 0. | 0. |
| (7) ROBERT B SEARS | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.10 | X | | | | | | 0. | 0. | 0. |
| (8) PETER VANDER VEEN | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) TOMMIE WALLACE | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) RICHARD STEVENS | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| (11) BILL KIRK | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) MICHAEL SIMINSKI | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) STEPHEN PASTOOR | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) KIMBERLY ZOLLER | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) HOLLY JACOBY | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) GRETCHEN MINNHAAR | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) PAUL D. BOWERS, JR. | 0.00 | | | | | | | | | |
| FORMER BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |

**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) DENNIS STURTEVANT | 40.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | 1.10 | | | X | | | | 137,662. | 0. | 4,529. |
| (19) STEVEN RECKER | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | 0.00 | | | X | | | | 100,538. | 0. | 6,326. |
| (20) KIM CROSS | 40.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | 0.00 | | | X | | | | 101,123. | 0. | 11,573. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total ▶ | | | | | | | | 339,323. | 0. | 22,428. |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | 339,323. | 0. | 22,428. |

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 |
|---|---|---|---|
| 3 | Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | | X |
| 4 | 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? *If "Yes," complete Schedule J for such individual* | | X |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | | 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 |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

**Part VIII Statement of Revenue**

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | 138,170. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 139,239. | | | | |
| | d Related organizations | 1d | 89,875. | | | | |
| | e Government grants (contributions) | 1e | 107,819. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 406,477. | | | | |
| | g Noncash contributions included in lines 1a-1f $ 4,478. | | | | | | |
| | h **Total.** Add lines 1a-1f ▶ | | | 881,580. | | | |
| Program Service Revenue | | **Business Code** | | | | | |
| | 2a DEVELOPER FEES | 531390 | | 1,193,936. | 1,193,936. | | |
| | b RESID/COMMERCIAL RENTS | 531120 | | 859,074. | 859,074. | | |
| | c MANAGEMENT FEES | 531390 | | 508,711. | 508,711. | | |
| | d SUBSIDIZED HOUSING | 531110 | | 165,580. | 165,580. | | |
| | e CASE MANAGEMENT FEES | 531390 | | 116,395. | 116,395. | | |
| | f All other program service revenue | | | | | | |
| | g **Total.** Add lines 2a-2f ▶ | | | 2,843,696. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 161,499. | | | 161,499. |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties ▶ | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) ▶ | | | | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | | 1,030,228. | | | | |
| | b Less: cost or other basis and sales expenses | | 1,511,454. | | | | |
| | c Gain or (loss) | | -481,226. | | | | |
| | d Net gain or (loss) ▶ | | | -481,226. | | | -481,226. |
| | 8a Gross income from fundraising events (not including $ 139,239. of contributions reported on line 1c). See Part IV, line 18 | a | 4,230. | | | | |
| | b Less: direct expenses | b | 63,271. | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | -59,041. | | | -59,041. |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | | |
| | Miscellaneous Revenue | **Business Code** | | | | | |
| | 11a CONSULTING FEE | 531390 | | 280,350. | 280,350. | | |
| | b LAUNDRY & OTHER CHARGES | 531110 | | 80,722. | 80,722. | | |
| | c FORGIVENESS OF DEBT | 531390 | | 59,534. | 59,534. | | |
| | d All other revenue | 531390 | | 67,649. | | | 67,649. |
| | e **Total.** Add lines 11a-11d ▶ | | | 488,255. | | | |
| | 12 **Total revenue.** See instructions. ▶ | | | 3,834,763. | 3,264,302. | 0. | -311,119. |

## Part IX Statement of Functional Expenses

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

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

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 1,062. | 1,062. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 338,751. | 259,048. | 67,784. | 11,919. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 813,849. | 687,203. | 51,445. | 75,201. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 118,870. | 96,986. | 7,514. | 14,370. |
| 10 Payroll taxes | 82,065. | 67,899. | 8,825. | 5,341. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 14,321. | 14,321. | | |
| b Legal | 47,498. | 26,004. | 21,494. | |
| c Accounting | 70,716. | 20,170. | 50,546. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 114,382. | 99,850. | 13,436. | 1,096. |
| 12 Advertising and promotion | 226. | 226. | | |
| 13 Office expenses | 133,489. | 71,772. | 39,376. | 22,341. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 639,326. | 583,978. | 55,348. | |
| 17 Travel | 12,671. | 9,974. | 1,620. | 1,077. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 15,117. | 9,858. | 4,511. | 748. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 126,031. | 101,730. | 22,131. | 2,170. |
| 23 Insurance | 45,199. | 38,321. | 6,878. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a REPAIRS AND MAINTENANCE | 166,695. | 114,864. | 51,830. | 1. |
| b PROJECT SPECIFIC EXPENS | 48,092. | 48,092. | | |
| c COMPUTER CONSULTING | 39,686. | 15,108. | 20,874. | 3,704. |
| d MISCELLANEOUS | 8,604. | | 5,542. | 3,062. |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 2,836,650. | 2,266,466. | 429,154. | 141,030. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | | 1,369,849. | 1 | 1,466,614. |
| | 2 | Savings and temporary cash investments | | 783,778. | 2 | 1,451,750. |
| | 3 | Pledges and grants receivable, net | | 955,400. | 3 | 325,800. |
| | 4 | Accounts receivable, net | | 2,691,687. | 4 | 2,849,194. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | 6 | |
| | 7 | Notes and loans receivable, net | | 8,875,843. | 7 | 9,725,214. |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 34,893. | 9 | 890. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,316,720. | | | |
| | b | Less: accumulated depreciation | 10b 2,550,449. | 3,215,964. | 10c | 2,766,271. |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 7,526,617. | 13 | 7,057,648. |
| | 14 | Intangible assets | | 30,604. | 14 | 30,192. |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 25,484,635. | 16 | 25,673,573. |
| Liabilities | 17 | Accounts payable and accrued expenses | | 497,198. | 17 | 513,505. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 159,947. | 19 | 18,659. |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 489,878. | 23 | 49,841. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 1,147,023. | 26 | 582,005. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 23,300,646. | 27 | 24,035,635. |
| | 28 | Temporarily restricted net assets | | 1,036,966. | 28 | 1,055,933. |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 24,337,612. | 33 | 25,091,568. |
| | 34 | Total liabilities and net assets/fund balances | | 25,484,635. | 34 | 25,673,573. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,834,763. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,836,650. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 998,113. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24,337,612. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -244,157. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 25,091,568. |

## Part XII Financial Statements and Reporting

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

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

**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.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

**2013**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| DWELLING PLACE OF GRAND RAPIDS NONPROFIT HOUSING CORPORATION | 38-2313832 |

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| (i) | A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) | A family member of a person described in (i) above? | 11g(ii) | |
| (iii) | A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1029808. | 1009462. | 842,137. | 2373296. | 881,580. | 6136283. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 1029808. | 1009462. | 842,137. | 2373296. | 881,580. | 6136283. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 6136283. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 1029808. | 1009462. | 842,137. | 2373296. | 881,580. | 6136283. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 202,994. | 253,233. | 235,394. | 1856366. | 197,506. | 2745493. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 452,045. | 9,550. | 348. | -7,412. | 302,031. | 756,562. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 9638338. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 12,418,747. |

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 63.67 % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 52.09 % |

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2012** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

**2013**

Open to Public Inspection

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

**Employer identification number** 38-2313832

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

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g., recreation or education)
☐ Preservation of an 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 8/17/06, 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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? ☐ Yes ☐ No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

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

The percentages in 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" to 3a(ii), are the related organizations listed as required on Schedule R? — 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" to 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 | | 392,848. | | 392,848. |
| b Buildings | | 3,451,178. | 1,949,016. | 1,502,162. |
| c Leasehold improvements | | 67,593. | 39,637. | 27,956. |
| d Equipment | | 601,156. | 561,796. | 39,360. |
| e Other | | 803,945. | | 803,945. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 2,766,271. |

**Schedule D (Form 990) 2013**

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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 HEARTSIDE | | |
| (2) NPHC | 1,886,067. | COST |
| (3) INVESTMENT IN | | |
| (4) SHELDON-WESTON, INC. | 275,100. | COST |
| (5) INVESTMENT IN DP RURAL | | |
| (6) NPHC | 613,869. | COST |
| (7) INVESTMENT IN KELSEY NPHC | 543,613. | COST |
| (8) INVESTMENT IN BRIDGE | | |
| (9) STREET NPHC | 1,636. | COST |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 7,057,648. | |

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

EXPLANATION: 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.

WITH LIMITED EXCEPTIONS, THE ENTITY IS NO LONGER SUBJECT TO TAX AUDITS BY FEDERAL AUTHORITIES FOR YEARS PRIOR TO 2010 AND BY STATE AND LOCAL TAXING AUTHORITIES FOR YEARS PRIOR TO 2009.

**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 GOODRICH NPHC | 117,582. | COST |
| INVESTMENT IN NEW HOPE HOMES NPHC | 53,601. | COST |
| INVESTEMENT IN LIBERTY NPHC | 1,570,072. | COST |
| INVESTMENT IN MARTINEAU HOLDINGS LDHA LLC | 890,328. | COST |
| INVESTMENT IN MARTINEAU 106 LDHA LLC | 1,050,780. | COST |
| INVESTMENT IN HERKIMER APARTMENTS | 55,000. | COST |

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

**2013**

**Open To Public Inspection**

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

**Employer identification number**: 38-2313832

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| **Total** ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| | | (a) Event #1 ORCHESTRAL CONCERT (event type) | (b) Event #2 FASHION SHOW (event type) | (c) Other events 1 (total number) | (d) Total events (add col (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 63,813. | 72,027. | 7,629. | 143,469. |
| | 2 Less: Contributions | 62,233. | 69,377. | 7,629. | 139,239. |
| | 3 Gross income (line 1 minus line 2) | 1,580. | 2,650. | | 4,230. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 1,793. | 6,470. | | 8,263. |
| | 7 Food and beverages | 3,666. | 4,878. | | 8,544. |
| | 8 Entertainment | 11,345. | | 1,950. | 13,295. |
| | 9 Other direct expenses | 11,412. | 10,278. | 11,479. | 33,169. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | ▶ | 63,271. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | ▶ | -59,041. |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | ▶ | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | ▶ | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

| | | |
|---|---|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

**Part IV** **Supplemental Information** *(continued)*

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

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

▶ 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. ▶ See separate instructions.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

**2013**

**Open To Public Inspection**

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

**Employer identification number:** 38-2313832

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

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | (d) Corrected? 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.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? To | (d) From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) No | (h) Approved by board or committee? Yes | (h) No | (i) Written agreement? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | ▶ $ | | | | | | | |

## Part III Grants or Assistance Benefiting Interested Persons.

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

| (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 |
|---|---|---|---|---|
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**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| HEARTSIDE NPHC | COMMON BOARD MEMBER | 0. | DWELLING PL | | X |
| | | | | | |
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**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: HEARTSIDE NPHC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COMMON BOARD MEMBERS WITH HEARTSIDE NONPROFIT HOUSING CORPORATION

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

**2013**

Open to Public Inspection

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

Employer identification number: 38-2313832

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSING, PROVIDING ESSENTIAL SUPPORT SERVICES AND SERVING AS A CATALYST FOR NEIGHBORHOOD REVITALIZATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

WHICH IS BEING BUILT ADJACENT TO HERKIMER APARTMENTS, HERKIMER COMMERCE, WHICH WILL INCLUDE A COMMERCIAL SPACE AND 67 UNITS OF AFFORDABLE HOUSING UTILIZING A HOUSING FIRST MODEL SERVING THE MOST VULNERABLE - 52 CHRONICALLY HOMELESS WITH SPECIAL NEEDS INDIVIDUALS AND 15 SPECIAL NEEDS OR HOMELESS INDIVIDUALS. FUTURE PROJECTS FOR 2014 MAY INCLUDE THE RESTRUCTURING OF CURRENT PROJECTS PAST THEIR 15 YEAR LIHTC COMPLIANCE PERIOD. THE DEVELOPMENT OF TWO SENIOR HOUSING PROJECTS: THE FIRST BEING AN ADAPTIVE REUSE OF THEODORE ROOSEVELT ELEMENTARY SCHOOL IN MUSKEGON HEIGHTS, MI; THE SECOND BEING AN ADAPTIVE REUSE OF A HISTORIC CHURCH IN GRAND RAPIDS, MI. AND THE DEVELOPMENT OF A 50 UNIT SUPPORTIVE HOUSING PROJECT FOR HOMELESS VETERANS.

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

Employer identification number 38-2313832

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: DWELLING PLACE OF GRAND RAPIDS NPHC UPDATED IT BYLAWS TO STATE THAT AT LEAST ONE-THIRD OF THE BOARD OF DIRECTORS SHALL BE REPRESENTATIVES OF THE LOW-INCOME COMMUNITY. DWELLING PLACE WILL ALSO APPOINT AN ADVISORY COMMITTEE TO ADVISE THE CORPORATION IN ITS DECISIONS REGARDING THE DEVELOPMENT PROCESS FOR AFFORDABLE HOUSING PROJECTS IT WILL UNDERTAKE. THE ADVISORY COMMITTEE WILL BE COMPOSED OF THE FOLLOWING: 50% WILL BE BENEFICIARIES OF THE PROPOSED PROJECT AND 50% WILL BE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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: 38-2313832

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: 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:

| | |
|---|---|
| REHAB TAX CREDIT INCOME FROM SUBSIDIARY | -31,642. |
| LOSS ON INVESTMENT IN MARTINEAU HOLDINGS | -212,515. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -244,157. |

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

EXPLANATION: FINANCE COMMITTEE APPROVES 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. ▶ See separate instructions.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

**2013**

Open to Public Inspection

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

Employer identification number: 38-2313832

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

| (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 KLINGMAN LLC<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503 | TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION | MICHIGAN | -200,000. | 1,000,000. | DWELLING PLACE OF GRAND RAPIDS |
| DP STC LLC<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503 | TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION | MICHIGAN | 36,007. | 0. | DWELLING PLACE OF GRAND RAPIDS |
| MARTINEAU MASTER TENANT<br>101 SHELDON BLVD, SUITE 2<br>GRAND RAPIDS, MI 49503 | TO DEVELOP PROPERTY FOR NEIGHBORHOOD REVITALIZATION | MICHIGAN | -19,298. | 2,036,223. | 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 | (g) Section 512(b)(13) controlled entity? 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 9 | 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<br>101 SHELDON BLVD SE<br>GRAND RAPIDS, MI 49503-4262 | COLLECT ENDOWMENT CONTRIBUTIONS TO SUPPORT DWELLING PLACE OF GRAND | MICHIGAN | 501(C)(3) | LINE 7 | DWELLING PLACE OF GRAND RAPIDS, INC. | | X |
| | | | | | | | |

**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? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HERKIMER LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 38-30778, 101 SHELDON BLVD SE, STE 2, GRAND | LOW INCOME HOUSING | MI | HERKIMER NONPROFIT HOUSING CORPORATION | RELATED | 409,411. | 0. | | X | N/A | X | | 99.00% |
| 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 | | | | X | N/A | X | | |
| FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP , 101 SHELDON BLVD SE, STE 2, GRAND | LOW INCOME HOUSING | MI | FERGUSON HEARTSIDE NONPROFIT HOUSING | 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 | -59,666. | 176,968. | | X | N/A | X | | 99.00% |

**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| HERKIMER NPHC - 38-3077890 101 SHELDON, SUITE 2 GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | N/A | C CORP | N/A | N/A | N/A | | X |
| NEW HOPE HOMES NPHC - 38-3266354 101 SHELDON, 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, 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, SUITE 2 GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | DWELLING PLACE OF GRAND RAPIDS, INC. | C CORP | | | 100% | X | |
| FERGUSON-HEARTSIDE NPHC - 38-3518497 101 SHELDON, SUITE 2 GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | DWELLING PLACE OF GRAND RAPIDS, INC. | C CORP | -54. | 171,312. | 100% | X | |



SEE PART VII FOR CONTINUATIONS

**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) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DWELLING PLACE RURAL LIMITED DIVIDEND HOUSING ASSOCIATION LP - 38-3543345, 101 SHELDON BLVD SE, STE 2, GRAND RAPIDS, | LOW INCOME HOUSING | MI | DWELLING PLACE RURAL NONPROFIT HOUSING | 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 | | | | 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 | | | | 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 | | | | X | N/A | X | | |
| MARTINEAU HOLDINGS LIMITED DIVIDEND HOUSING ASSOCIATION LLC - 20-0281432, 101 SHELDON BLVD SE, STE 2, GRAND RAPIDS, | LOW INCOME HOUSING | MI | HEARTSIDE MARTINEAU NONPROFIT HOUSING | RELATED | -84,846. | 2,013,482. | | X | N/A | X | | 49.00% |
| 44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 20-19684, 101 SHELDON BLVD SE, STE 2, GRAND | LOW INCOME HOUSING | MI | HEARTSIDE 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 | | |
| BRIDGE STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 26-, 101 SHELDON BLVD SE, STE 2, | LOW INCOME HOUSING | MI | BRIDGE STREET NONPROFIT HOUSING CORPORATION | RELATED | | | | X | N/A | X | | |
| 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 | | |

**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) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | |
| GOODRICH STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP - 3, 101 SHELDON BLVD SE, STE 2, GRAND | LOW INCOME HOUSING | MI | GOODRICH STREET NONPROFIT HOUSING | RELATED | | | | 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 | | |
| 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 | | |
| 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 | | |
| MARTINEAU 106 LIMITED DIVIDEND HOUSING ASSOCIATION LCC - 38-3877053, 101 SHELDON BLVD SE, STE 2, GRAND RAPIDS, | LOW INCOME HOUSING | MI | HEARTSIDE MARTINEAU NONPROFIT HOUSING | RELATED | -34,818. | 1,486,630. | | X | N/A | X | | 49.00% |

**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 | (i) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
| DP RURAL NPHC - 38-3543206<br>101 SHELDON, SUITE 2<br>GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | DWELLING PLACE OF GRAND RAPIDS, INC. | C CORP | -13. | 612,313. | 100% | X | |
| KELSEY NPHC - 20-0566789<br>101 SHELDON, SUITE 2<br>GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | DWELLING PLACE OF GRAND RAPIDS, INC. | C CORP | -15. | 543,613. | 100% | X | |
| HEARTSIDE-MARTINEAU NPHC - 20-1149137<br>101 SHELDON, SUITE 2<br>GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | N/A | C CORP | N/A | N/A | N/A | | X |
| KBC NPHC - 20-1355857<br>101 SHELDON, SUITE 2<br>GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | N/A | C CORP | N/A | N/A | N/A | | X |
| BRIDGE STREET NONPROFIT HOUSING CORPORATION - 26-3068078, 101 SHELDON, SUITE 2, GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | DWELLING PLACE OF GRAND RAPIDS, INC. | C CORP | -13. | 1,636. | 100% | X | |
| GOODRICH NONPROFIT HOUSING CORPORATION - 27-0575514, 101 SHELDON, SUITE 2, GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | DWELLING PLACE OF GRAND RAPIDS, INC. | C CORP | -5. | 117,682. | 100% | X | |
| LIBERTY NONPROFIT HOUSING CORPORATION - 20-5412079, 101 SHELDON, SUITE 2, GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | DWELLING PLACE OF GRAND RAPIDS, INC. | C CORP | -29. | 1,570,072. | 100% | X | |
| HALL STREET NONPROFIT HOUSING CORPORATION - 26-3068286, 101 SHELDON, SUITE 2, GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | DWELLING PLACE OF GRAND RAPIDS, INC. | C CORP | -43. | 100. | 100% | X | |
| HERKIMER APARTMENTS NONPROFIT HOUSING CORPORATION - 45-4429764, 101 SHELDON, SUITE 2, GRAND RAPIDS, MI 49503 | LOW INCOME HOUSING | MI | DWELLING PLACE OF GRAND RAPIDS, INC. | C CORP | | | 100% | X | |
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**Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

| **Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity | 1a | X | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| d Loans or loan guarantees to or for related organization(s) | 1d | X | |
| e Loans or loan guarantees by related organization(s) | 1e | | X |
| f Dividends from related organization(s) | 1f | | X |
| g Sale of assets to related organization(s) | 1g | | X |
| h Purchase of assets from related organization(s) | 1h | | X |
| i Exchange of assets with related organization(s) | 1i | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| o Sharing of paid employees with related organization(s) | 1o | | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | | X |
| r Other transfer of cash or property to related organization(s) | 1r | | X |
| s Other transfer of cash or property from related organization(s) | 1s | | 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) | 44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | A | 6,973. | CASH |
| (2) | KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | L | 56,260. | CASH |
| (3) | FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP | K | 188,704. | CASH |
| (4) | 44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | L | 105,469. | CASH |
| (5) | VBP COMMERICAL LIMITED DIVIDEND HOUSING ASSOCIATION | K | 50,221. | CASH |
| (6) | HEARTSIDE NONPROFIT HOUSING CORPORATION | D | 238,118. | LOAN VALUE |

**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-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (7) | WHITEHALL DP LIMITED DIVIDEND HOUSING ASSOCIATION LP | D | 857,382. | LOAN VALUE |
| (8) | MARTINEAU HOLDINGS LIMITED DIVIDEND HOUSING ASSOCIATION | D | 1,942,567. | LOAN VALUE |
| (9) | KELSEY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | D | 715,656. | LOAN VALUE |
| (10) | 44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | D | 3,807,065. | LOAN VALUE |
| (11) | KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | D | 4,432,851. | LOAN VALUE |
| (12) | GOODRICH LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | D | 1,650,995. | LOAN VALUE |
| (13) | ELMDALE NONPROFIT HOUSING CORPORATION | D | 659,468. | LOAN VALUE |
| (14) | NEW HOPE HOMES LIMITED DIVIDEND HOUSING ASSOCIATION LP | D | 300,000. | LOAN VALUE |
| (15) | GRANDVILLE-HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP | D | 1,330,951. | LOAN VALUE |
| (16) | FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION LP | D | 4,633,973. | LOAN VALUE |
| (17) | DWELLING PLACE RURAL LIMITED DIVIDEND HOUSING ASSOCIATION LP | D | 694,262. | LOAN VALUE |
| (18) | HARVEST HILL LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | D | 742,262. | LOAN VALUE |
| (19) | BRIDGE STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | D | 733,469. | LOAN VALUE |
| (20) | HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER | L | 493,936. | SERVICES PERFORMED |
| (21) | LIBERTY LIMITED DIVIDEND HOUSING ASSOCIATION | D | 5,764,251. | LOAN VALUE |
| (22) | HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LP | L | 700,000. | SERVICES PERFORMED |
| (23) | MARTINEAU HOLDINGS LIMITED DIVIDEND HOUSING ASSOCIATION | A | 15,962. | ACCRUED INTEREST |
| (24) | KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | A | 68,217. | ACCRUED INTEREST |

**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-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (7) | WHITEHALL DP LIMITED DIVIDEND HOUSING ASSOCIATION LP | A | 6,700. | ACCRUED INTEREST |
| (8) | HALL STREET LIMITED DIVIDEND HOUSING ASSOCIATION | D | 5,268,731. | LOAN VALUE |
| (9) | HEARTSIDE NONPROFIT HOUSING CORPORATION | C | 89,875. | CASH |
| (10) | HERKIMER APARTMENTS LIMITED DIVIDEND HOUSING ASSOCIATION LP | D | 10,470,165. | LOAN VALUE |
| (11) | HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNER | D | 7,668,178. | LOAN VALUE |
| (12) | MARTINEAU 106 LIMITED DIVIDEND HOUSING ASSOCIATION | D | 842,182. | LOAN VALUE |
| (13) | KBC LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP | D | 4,432,851. | LOAN VALUE |
| (14) | | | | |
| (15) | | | | |
| (16) | | | | |
| (17) | | | | |
| (18) | | | | |
| (19) | | | | |
| (20) | | | | |
| (21) | | | | |
| (22) | | | | |
| (23) | | | | |
| (24) | | | | |

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners sec 501(c)(3) orgs ? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) NO | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**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:

HERKIMER LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP

EIN: 38-3077889

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: HERKIMER 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

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: GRANDVILLE HEARTSIDE NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

FERGUSON HEARTSIDE LIMITED DIVIDEND HOUSING ASSOCIATION

**Part VII Supplemental Information**

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

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:

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

DWELLING PLACE RURAL LIMITED DIVIDEND HOUSING ASSOCIATION LP

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:

HARVEST HILL LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP

EIN: 37-1422254

**Part VII Supplemental Information**

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

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: DWELLING PLACE RURAL NONPROFIT HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

WHITEHALL DP LIMITED PARTNERSHIP

DIRECT CONTROLLING ENTITY: DWELLING PLACE RURAL NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

KELSEY LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP

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:

MARTINEAU HOLDINGS LIMITED DIVIDEND HOUSING ASSOCIATION LLC

EIN: 20-0281432

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: HEARTSIDE MARTINEAU NONPROFIT HOUSING CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

44 IONIA LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED

**Part VII Supplemental Information**

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

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:

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:

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:

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

**Part VII Supplemental Information**

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

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:

GOODRICH STREET LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP

EIN: 38-3058791

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: GOODRICH STREET 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:

HERKIMER COMMERCE LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP

**Part VII Supplemental Information**

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

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:

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MARTINEAU 106 LIMITED DIVIDEND HOUSING ASSOCIATION LCC

EIN: 38-3877053

101 SHELDON BLVD SE, STE 2

GRAND RAPIDS, MI 49503

DIRECT CONTROLLING ENTITY: HEARTSIDE MARTINEAU NONPROFIT HOUSING CORPORATION

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

NAME OF RELATED ORGANIZATION:

HERKIMER NPHC

DIRECT CONTROLLING ENTITY: HEARTSIDE NONPROFIT HOUSING CORPORATION

**Part VII Supplemental Information**

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

NAME OF RELATED ORGANIZATION:

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:

HEARTSIDE-MARTINEAU NPHC

DIRECT CONTROLLING ENTITY: HEARTSIDE NONPROFIT HOUSING CORPORATION

NAME OF RELATED ORGANIZATION:

KBC NPHC

DIRECT CONTROLLING ENTITY: HEARTSIDE NONPROFIT HOUSING CORPORATION