HUNGERFORD NICHOLS CPAS + ADVISORS 2910 LUCERNE DR SE GRAND RAPIDS, MI 49546

FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SE GRAND RAPIDS, MI 49503

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CLIENT'S COPY



MARCH 29, 2023

FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SE GRAND RAPIDS, MI 49503

FAMILY PROMISE OF GRAND RAPIDS:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2022 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

HUNGERFORD NICHOLS CPAS + ADVISORS

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SE GRAND RAPIDS, MI 49503

PREPARED BY:

HUNGERFORD NICHOLS CPAS + ADVISORS 2910 LUCERNE DR SE GRAND RAPIDS, MI 49546

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023

Form 8879-TF

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IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20)
or carefrada year meetar year beginning	, 2022, and onlining		_

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN FAMILY PROMISE OF GRAND RAPIDS **_**** LISA VALK Name and title of officer or person subject to tax INTERIM CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **L b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** 8,020,589. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize HUNGERFORD NICHOLS CPAS + ADVISORS 57709 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 40714942638 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 03/29/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2022 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable Address change FAMILY PROMISE OF GRAND RAPIDS Name change **_**** Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 516 CHERRY STREET SE 616-475-5220 8,069,081. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return GRAND RAPIDS, MI 49503 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LISA Yes X No for subordinates? SAME AS C ABOVE _ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.FAMILYPROMISEGR.ORG H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1997 M State of legal domicile: MI Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES Activities & Governance SHELTER, BASIC NEEDS, STABILIZATION SERVICES, AND HOUSING SOLUTIONS if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b

			Prior Year	Current Year						
o)	8	Contributions and grants (Part VIII, line 1h)	5,429,567.	7,905,825.						
ņ	9	Program service revenue (Part VIII, line 2g)	0.	0.						
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,112.	15,170.						
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-37,179.	99,594.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,399,500.	8,020,589.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,626,401.	1,726,520.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,625,850.	2,305,471.						
ıse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 454,648.								
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,061,122.	1,871,568.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,313,373.	5,903,559.						
	19	Revenue less expenses. Subtract line 18 from line 12	86,127.	2,117,030.						
or ses			Beginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)	3,472,871.	5,594,471.						
ASS	21	Total liabilities (Part X, line 26)	125,514.	130,084.						
Net	22	Net assets or fund balances. Subtract line 21 from line 20	3,347,357.	5,464,387.						
Pa	rt II	Signature Block	•	•						
Unde	Inder 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	Signature of officer			Date
	LISA VALK, INTERIM CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JENNIFER L. ROGELL, CPA			self-employed P01291797
Preparer	Firm's name HUNGERFORD NICHOL	S CPAS + ADVISORS		Firm's EIN **-*****
Use Only	Firm's address 2910 LUCERNE DR S			
	GRAND RAPIDS, MI	49546		Phone no. 616 - 949 - 3200
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION PROVIDES HOMELESS PREVENTION SERVICES, EMERGENCY
	SHELTER AND BASIC NEEDS, HOUSING SOLUTIONS, AND FAMILY AND EARLY
	CHILDHOOD SERVICES TO FAMILIES IN A HOUSING CRISIS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,296,164. including grants of \$ 1,387,174.) (Revenue \$ 14,967.)
4a	(Code:) (Expenses \$ 2,296,164. including grants of \$1,387,174.) (Revenue \$14,967.) EMERGENCY SHELTER - PROVIDES CHILDREN AND THEIR FAMILIES WITH SAFE
	SHELTER, BASIC NEEDS, AND SUPPORTIVE SERVICES AS THEY SEEK PERMANENT
	HOUSING.
	100DING.
4b	(Code:) (Expenses \$1, 207, 768. including grants of \$) (Revenue \$)
	PARTNERS IN HOUSING- PROVIDES AFFORDABLE HOUSING TO FAMILIES WITH
	CHILDREN EXPERIENCING HOMELESSNESS WITH AN OPPORTUNITY FOR HOME
	OWNERSHIP.
40	(Code:) (Expenses \$ 600,277. including grants of \$ 158,737.) (Revenue \$ 860.)
40	(Code:) (Expenses \$6UU, 2 / / • including grants of \$158, / 3 / •) (Revenue \$86U •) FAMILY AND EARLY CHILDHOOD SERVICES - PROVIDES SUPPORTIVE SERVICES TO
	FAMILIES NEWLY TRANSITIONED INTO HOUSING TO ENSURE THEY CAN STAY
	SECURELY HOUSED.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 467,618. including grants of \$ 144,275.) (Revenue \$ 101,899.)
4e	Total program service expenses 4,571,827.
	Form 990 (2022)

Form 990 (2022) FAMILY PROMISE OF GRAND RAPIDS 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		40		_ v
	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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form	rt IV Checklist of Required Schedules (continued)		P	age 4
· u	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	. 23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?		 	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩.
	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	054		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u>^^</u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		†	╁
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	.		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	- 1		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		+	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M		 	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	00		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		1
34		34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	"	1	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	304	†	╁
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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
	11	30		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts Х were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11<u>a</u> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Form 990 (2022)

If "Yes," complete Form 6069

FAMILY PROMISE OF GRAND RAPIDS Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **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 on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

516 CHERRY STREET SE, GRAND RAPIDS,

Form **990** (2022)

statements available to the public during the tax year.

AURELIA BOUWHUIS - 616-475-5220

State the name, address, and telephone number of the person who possesses the organization's books and records

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					nne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week	-						from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	im per		1099-NEC)	10001120,	and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
44.	line)	lpul	lust	Officer	Key	E High	For			
(1) CHERYL SCHUCH	40.00	-		,,				106 700	_	11 005
EXECUTIVE DIRECTOR	2.00			Х				126,728.	0.	11,905.
(2) MICHAEL MOODY	2.00	٠,							_	0
DIRECTOR	F 00	Х						0.	0.	0.
(3) CRYSTEL IMPERI	5.00	٠,		ν,					_	0
SECRETARY (A) CURTO WINDER	2 00	Х		Х				0.	0.	0.
(4) CHRIS HUYGE DIRECTOR	2.00	X						0.	0.	0.
(5) NATHAN TRATHEN	5.00	^						0.	0.	0.
TREASURER	3.00	X		х				0.	0.	0.
(6) GLENDA WILLIAMS	2.00	^		^				0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(7) LINDA ANDERSON	5.00								0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(8) BEN TAYLOR	2.00							•		•
DIRECTOR		х						0.	0.	0.
(9) SARA KNOESTER	2.00									
DIRECTOR		Х						0.	0.	0.
(10) SUSAN STODDARD	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(11) TENISA FRYE	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(12) TRENESSA ALLEN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) BRIDGETTE BAKER	2.00									
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1	_			_				
		-								
,		1	_			_				
		-								

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Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(I	F)
Name and title	Average	(do	Position				200	Reportable	Reportable	,		nated
	hours per	(do not check more than one box, unless person is both ar				s both	n an	compensation	compensation	n n	amoi	unt of
	week	offi	cer ar	id a di	irecto	r/trus	tee)	from	from related	l t	otl	her
	(list any	ector						the	organization	ıs	compe	nsation
	hours for	Individual trustee or director	, n			ted		organization	(W-2/1099-MIS	3C/	fron	n the
	related	stee c	ruste			eusa		(W-2/1099-MISC/	1099-NEC)		•	ization
	organizations	altrus	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)				elated
	below	ividu	it i	Officer	em p	hest	Former				organi	zations
	line)	Pu	lıs	0#	Key	e E	고			\longrightarrow		
		1										
		1										
										\rightarrow		
		1										
		<u> </u>				\vdash				-+		
		1										
										\longrightarrow		
		4										
										\longrightarrow		
		1										
1b Subtotal								126,728.		0.	11,	,905.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								126,728.		0.	11,	,905.
Total number of individuals (including but including									000 of reportable			
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·				1
oomponeation from the organization											Υ	es No
3 Did the organization list any former officer	director trust	ا مم	(AV 6	mnl	OVE	e or	hia	hest compensated emp	lovee on	[
,		,	,	•	,	,	•		,		3	Х
line 1a? If "Yes," complete Schedule J for											3	125
4 For any individual listed on line 1a, is the s	•							•	•			Х
and related organizations greater than \$15										····· }	4	-
5 Did any person listed on line 1a receive or	•				•			•				37
rendered to the organization? If "Yes." cor	nplete Schedul	e J f	or st	ıch r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	ompensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	<u>thin</u>	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	s address	N	ONE	<u> </u>				Description of s	ervices	C	ompens	ation
										ı		
							\dashv					
2 Total number of independent contractors	including but a	ot li-	nitaa	1 + 2 +	thas	o lic	+04	abovo) who received ma	oro than			
2 Total number of independent contractors (Ot III	iiiteC	ו נט ו	tnos (ieu	above) who received mo	וומוו			
\$100,000 of compensation from the organ	ı∠atı∪∏				·	,						

FAMILY PROMISE OF GRAND RAPIDS Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 579,918. 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 193,327. 1c 1d d Related organizations 3,191,049. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,941,531 similar amounts not included above ... 1f 185,919 g Noncash contributions included in lines 1a-1f 7,905,825. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 15,170. 15,170. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 98,483. 6 a Gross rents **b** Less: rental expenses ... 98,483. c Rental income or (loss) 98,483. 98,483. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 193,327. of contributions reported on line 1c). See 30,360. Part IV, line 18 48,492. **b** Less: direct expenses -18,132.-18,132. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 19,243. 19,243. 11 a MISCELLANEOUS 900001 d All other revenue

232009 12-13-22

-2,962. Form **990** (2022)

19,243.

8,020,589.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

117,726.

_**

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 respon-	se or note to any line in t		(C)	<u>L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,726,520.	1,726,520.		
3	Grants and other assistance to foreign	,	,		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	138,633.	41,590.	55,453.	41,590
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,878,999.	1,134,987.	582,748.	161,264
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	33,027. 83,318.	21,615. 55,475.	7,597. 18,711.	3,815 9,132 17,039
9	Other employee benefits	83,318.	55,475.		9,132
10	Payroll taxes	171,494.	100,295.	54,160.	17,039
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,612.	789.	1,113. 9,947.	2,710 24,216
С	Accounting	41,210.	7,047.	9,947.	24,216
d	Lobbying				
е	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.)	180,745.	30,908.	43,625.	106,212 20,813
12	Advertising and promotion	20,813.			
13	Office expenses	64,066.	40,515.	13,543.	10,008
14	Information technology				
15	Royalties				
16	Occupancy	438,898.	425,166.	8,375.	5,357
17	Travel	66,735.	54,903.	6,915.	4,917
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			11.1-0	
22	Depreciation, depletion, and amortization	96,389.	71,328.	14,458.	10,603
23	Insurance	44,332.	34,417.	6,314.	3,601
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DEDATE C MATAIMENTATION	480,629.	471,708.	5,529.	3,392
b	PROGRAM HOUSING COSTS	284,450.	284,450.		
С	MISCELLANEOUS	53,753.	19,582.	27,549.	6,622
d	PROFESSIONAL DEVELOPMEN	35,536.	22,710.	9,562.	3,264
е	All other expenses	59,400.	27,822.	11,485.	20,093
25	Total functional expenses. Add lines 1 through 24e	5,903,559.	4,571,827.	877,084.	454,648
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)				

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Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,060,884.	1	2,607,928.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			575,838.	3	1,407,911.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers				
		under section 4958(f)(1)), and persons described	d in secti	ion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	B				9	10,956.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,114,180.			
	b	Less: accumulated depreciation	10b	587,071.	836,149.	10c	1,527,109.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	40,567.		
	16	Total assets. Add lines 1 through 15 (must equ	3,472,871.	16	5,594,471.		
	17	Accounts payable and accrued expenses		122,260.	17	86,411.	
	18	Grants payable			3,254.	18	2,765.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
iab		controlled entity or family member of any of the	se perso	ns		22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	•		40.000
		of Schedule D		l l		25	40,908.
	26	Total liabilities. Add lines 17 through 25			125,514.	26	130,084.
S		Organizations that follow FASB ASC 958, che	eck here	X			
Ce		and complete lines 27, 28, 32, and 33.			2 405 007		2 220 116
alar	27	Net assets without donor restrictions			2,495,897.	27	3,329,116.
Ä	28	Net assets with donor restrictions			851,460.	28	2,135,271.
Ĕ		Organizations that do not follow FASB ASC 9	58, che	ck here			
٦٢		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			3,347,357.	31	5 <i>161</i> 207
ž	32	Total net assets or fund balances			3,347,357.	32	5,464,387. 5,594,471
	33	Total liabilities and net assets/fund balances			J,4/4,0/1.	33	5,594,471.

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,020				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,903				
3	Revenue less expenses. Subtract line 2 from line 1	3	2,11				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,347	7,3	<u>57.</u>		
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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	5,464	4,3	87.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				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 on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х			
			Form	990	(2022)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				OF GRAND KAI				·· - ·· ·· ·· ·· ·· ·
Pa	art I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	-					public described in
		section 170(b)(1)(A)(vi). (Co	•		· ·			
8		A community trust describe		1)(A)(vi). (Complete Part	: II.)			
9	一	An agricultural research org			•	ed in coniu	inction with a land-grant	college
_		or university or a non-land-g				-	-	-
		university:	,			···-, -·- ,	,	
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership fees. an	d gross receipts from
		activities related to its exem						
		income and unrelated busin		·	. ,		• • •	•
		See section 509(a)(2). (Cor		(1000 000tion of the tax) in o		ooo aoqai	iod by the organization t	artor durio do, 1010.
11		An organization organized a		vely to test for public sat	ety See	section 50	19(a)(4)	
12	H	An organization organized a	•		•			nurnoses of one or
-		more publicly supported org	•	•	-		•	•
		lines 12a through 12d that	-					SHOOK THO BOX OH
а		Type I. A supporting orga	* *				· · · · · ·	aivina
	'	the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-		
		organization. You must c			majority o	i tric direc	tors or trustees or the st	арроппід
b		Type II. A supporting orga			ion with its	e eunnorte	ad organization(s) by hav	inα.
L	,	control or management of	· ·					-
		organization(s). You mus			anie perso	iis iiiai co	ntiol of manage the supp	Jorted
c		Type III functionally inte	-		in connect	ion with	and functionally intograte	od with
	, L						• •	with,
		its supported organization						zation(a)
C	' _	Type III non-functionally					• • • • •	
		that is not functionally into	-	* *	-			veriess
_		requirement (see instructi	•					
e	•	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		ially integrated supporting	ig organiz	ation.		
		er the number of supported o		d avaniation(a)				
		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	`	organization	(-,	(described on lines 1-10	in your governi	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	163	140		

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.)

Galendar year (or fiscal year beginning in) Galendar year (or fiscal year year (or fiscal year beginning in) Galendar year (or fiscal year year (or fiscal year year (or fiscal year year year (or fisca	Sec	Section A. Public Support										
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and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation				
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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	18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022				

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	I 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 organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
78	Amounts included on lines 1, 2, and 3 received from disqualified persons								
ŀ	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								
(Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6	(2) = 3 : 3	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired after June 30, 1975					+			
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>		
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —		
	check this box and stop here	- O 1 D -							
	ction C. Computation of Publi								
	Public support percentage for 2022 (I		•	column (f))		15	%		
	S Public support percentage from 2021 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage								
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	Investment income percentage for 20					17	%		
	Investment income percentage from					18	% 7 is not		
198	a 33 1/3% support tests - 2022. If the					-41			
k	more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the	=	-	•	• •				
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization			
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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9a		
9b		
30		
9с		
10a		
10b		
ıle A (Forn	n 990)	2022

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it Supporting Organizations		· ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

		E OF GRAND RAPI	al-aliana .		*_**** Page 7
Par	, ,	a)(3) Supporting Orga	nizations (continu	<i>ied)</i> T	
	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	os of augmented organizations		3	
_ <u>3</u> 4	Administrative expenses paid to accomplish exempt purpose	s or supported organizations	·	4	
	Amounts paid to acquire exempt-use assets Ouglified set aside amounts (prior IPS approval required	- vida dataila ia Port VI\		5	
6	Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions.	ovide details in Part VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
_ ' 8	Distributions to attentive supported organizations to which the	ne organization is responsive			
Ü	(provide details in Part VI). See instructions.	ie organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
<u>d</u>	From 2020				
<u>e</u>	From 2021				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

_**

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
SHINE FOUNDATION	735,000.	263,017.
Total Excess Contributions to Schedule A, Part II, Line 5		263,017.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

FAMILY PROMISE OF GRAND RAPIDS

Employer identification number **_****

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6. (a) Donor advised funds	(h) Funda and other accounts
	-	(b) Funds and other accounts	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	· · · · ·	
Pai		rganization answered "Ves" on Form 990 I	
1	Purpose(s) of conservation easements held by the organizati		arry, mie 7.
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		a destined motorio di dotare
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, re-		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	har Similar Assats
ı aı	Complete if the organization answered "Yes" on Form		nei oliillai Assets.
			nd halanaa ahaat waxka
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	, ,	
	service, provide in Part XIII the text of the footnote to its final	, ,	'
h	· ·		
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	•	
	,	exhibition, education, or research in full	lerance of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
_	the following amounts required to be reported under FASB A		gain, provide
a	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land	1a Land 244,000.						
b Buildings		1,149,221.	110,607.	1,038,614.			
c Leasehold improvements		501,199.	320,369.	180,830.			
d Equipment		113,832.	101,694.	12,138.			
e Other		105,928.	54,401.	51,527.			
Total. Add lines 1a through 1e. (Column (d) must equa	1,527,109.						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FAMILY PROMI	SE OF GRAND I	RAPIDS	**-****** Page
Part VII Investments - Other Securities.			3-
Complete if the organization answered "Yes" o	n 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 of	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n 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 of	r end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	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.	10.)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			40,908.
(3)			
(4)			
(5)			
(6)			
(7)			
			+
(8)			
(8)			
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line	25 \		40,908.

232053 09-01-22

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 FAMILIT I KOMISE OF GRAND				Page ¬
Par	rt XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,181,606.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b			161,017.		
С					
d					
е	Add lines 2a through 2d			2e	161,017.
3	Subtract line 2e from line 1			3	8,020,589.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	8,020,589.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	leturr	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	6,064,576.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	161,017.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d		l I			
е	Add lines 2a through 2d			2e	161,017.
3	Subtract line 2e from line 1			3	5,903,559.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	THIS HASE SAGAL STITLE OF A COLUMN TO THE SAGAL SAGAL STITLE SAGAL)		5	5,903,559.
Pa	rt XIII Supplemental Information.				
Provi	vide 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	K, line 2; Part XI,
ines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.		

PART X, LINE 2:

THE ORGANIZATION EVALUATES TAX POSITIONS TAKEN ON ITS FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES WHICH REQUIRE THAT TAX POSITIONS TAKEN BE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NO SIGNIFICANT UNRECOGNIZED TAX BENEFITS UNDER THAT CRITERIA. PENALTIES AND INTEREST, IF ANY, ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES. THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	${ t FAMILY}$	PROMISE	OF	GRAND	RAPIDS		**_****	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Inform	mation (con	tinuad)						
	(COII	шиеи)						
		<u> </u>				· · ·		

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization	ation Employer identification number FAMILY PROMISE OF GRAND RAPIDS **-*****							
		Complete if the organization answe			r Form 990, Part IV, li	ne 17. I		' filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
2 a Did the organization key employees list	on have a written o ted in Form 990, P) highest paid indiv	or oral agreement with any individual art VII) or entity in connection with purition with purition or entities (fundraisers) pursual organization.	rofessi	onal fu	undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (or r fur	nount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit o		 utions	or has been notified	it is exe	empt from re	gistration
or licensing.								

232081 10-27-22

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DREAMS			(add col. (a) through
			DINNER	GOLF OUTING	2	col. (c))
a)			(event type)	(event type)	(total number)	001. (0)
Revenue						
eve	1	Gross receipts	148,966.	52,284.	22,437.	223,687.
ш						
	2	Less: Contributions	140,566.	37,884.	14,877.	193,327.
	3	Gross income (line 1 minus line 2)	8,400.	14,400.	7,560.	30,360.
	4	Cash prizes				
		Noncash prizes				
ses			2 060		600	2 060
ben	6	Rent/facility costs	3,262.		600.	3,862.
Direct Expenses			4 000	14 567	2 241	22 000
rect	7	Food and beverages	4,982.	14,567.	3,341.	22,890.
Ö	_				6 E10	6 510
	8	Entertainment	7,857.	2,805.	6,510. 4,568.	6,510. 15,230.
	9	Other direct expenses	0 : (-1)		•	48,492.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-18,132.
Pa	ırt I	II Gaming. Complete if the organization a				10,132.
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 orri omi	1000, 1 41117, 11110 10, 01 1	oportou moro triari	
		,		(b) Pull tabs/instant		(d) Total gaming (add
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
Ø	2	Cash prizes				
JSe						
Direct Expenses	3	Noncash prizes				
Ê						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	L No	No	
	_					
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
		Not consider in consequence Outstand the 7	forms the state of the state of the			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
0	Ent	ter the state(s) in which the organization condu	ete gamina activitios:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				res No
L						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:				
	_	· · —				

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 FAMILY PROMISE OF GRAND RAPIDS **-	· * * * * :	* * *	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		ا ءمد ا		0/
	The organization's facility	13a		<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
45.	Does the examination have a contract with a third party from when the examination receives soming revenue?	,	Yes	No
156	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ш	163	140
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	lf "Yes," enter name and address of the third party:			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Gaining manager compensation — — — — — — — — — — — — — — — — — — —			
	Description of applicacy was ideal			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠		,	Yes	☐ No
	retain the state gaming license?	. Ш	163	
t	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 \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990)	FAMILY PROMISE O	F GRAND RAPIDS	**-***** Pag	је 4
Schedule G (Form 990) Part IV Supplemental Info	rmation (continued)			
	(Contained by			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2022

FAMILY PRO	OMISE OF	GRAND RAPID	S				**_****
Part I General Information on Grants ar	nd Assistance					•	
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assist	tance?						No
2 Describe in Part IV the organization's pro-	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to D					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	ional space is need	ed.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	-	-	e line 1 table		<u> </u>	1	

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

*	_	*	*	*	*	*	*	*	

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING ASSISTANCE AND HOTEL SHELTER	1203	1,543,602.	343 935	FAIR MARKET VALUE	BASIC NEEDS, FOOD, CLOTHING, AND FURNITURE
NOODING NOOTINGE IND NOTED DIRECTION	1200	1,313,002.	313,333.	THE THREE VILLE	
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
FAMILY PROMISE ADHERES TO GAAP. GOV	/ERNMENT	FUNDS ARE	IDENTIFIED	WITHIN	
THEIR ACCOUNTING SYSTEM, AND RESTR	ICTED IN	USE PER TH	IE GUIDELIN	ES OF THE	
AWARD. FAMILY PROMISE COMPLETES A					
A TIMELY MANNER. FUND SPEND DOWN					
MONTHLY BOTH INTERNALLY AND BY AN (OUTSIDE A	.CCOUNTING	PROVIDER.	FINANCIAL	
STATEMENTS ARE AUDITED ANNUALLY.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization FAMILY PROMISE OF GRAND RAPIDS Employer identification number **_****

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		116,135.	FAIR VALUE		
6	Cars and other vehicles	X	1	3,000.	FAIR VALUE		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles		2.5	61 100			
19	Food inventory	X	37	61,172.	FAIR VALUE		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		20	F 640			
25	Other (IN-KIND OTHER)	X	39	5,612.	F'M∨		
26	Other ()						
27	Other ()						
28	Other (L					
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	83, Part V, L	onee Acknowledg	ement 29			Т
	5					Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of						7
	exempt purposes for the entire holding period?	?				30a	X
	If "Yes," describe the arrangement in Part II.						37
31	Does the organization have a gift acceptance p	-	•	•	ions?	31	X
32a	Does the organization hire or use third parties contributions?		_			32a	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is chec	cked,		
	describe in Part II.				<u> </u>		
	Fau Damanuania Danivation Ast Nation and						

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

FAMILY PROMISE OF GRAND RAPIDS

Employer identification number ** - * * * * * *

FAMILI INOMIDE OF GRAND RAILDS
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO FAMILIES EXPERIENCING HOMELESSNESS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
HOUSING - PROVIDES HOUSING SOLUTIONS TO FAMILIES WITH CHILDREN COMING
FROM EMERGENCY SHELTER.
EXPENSES \$ 467,618. INCLUDING GRANTS OF \$ 144,275. REVENUE \$ 101,899.
PREVENTION - PROVIDES SUPPORTIVE SERVICES TO FAMILIES IN A HOUSING
CRISIS TO KEEP THEM SAFELY HOUSED OR SECURE NEW HOUSING OPPORTUNITIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 12C:
EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO COMPLETE AN ANNUAL
DISCLOSURE STATEMENT LISTING ANY CONFLICTS OF INTEREST. THIS IS MONITORED
PERIODICALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS PERFORMS AN ANNUAL EVALUATION OF THE EXECUTIVE
DIRECTOR AND DETERMINES COMPENSATION BASED ON YEARLY PERFORMANCE.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION HAS COPIES OF THE FINANCIAL STATEMENTS, 990, AND GOVERNING
DOCUMENTS AVAILABLE IN THE OFFICE UPON REQUEST.

232211 10-28-22

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

Schedule O (Form 990) 2022